

## Appendix B: Narrative Cover Sheet

### 2021 Nigeria Sustainability Index and Dashboard Summary

The **HIV/AIDS Sustainability Index and Dashboard (SID)** is a tool completed every two years by PEPFAR, UNAIDS and partner stakeholders to sharpen the understanding of each country's sustainability landscape and to assist PEPFAR and others in making informed HIV/AIDS investment decisions. Based on responses to 107 questions, the SID assesses the current state of sustainability of national HIV/AIDS responses across 4 domains and 17 critical elements. Scores for these elements are displayed on a color-coded dashboard, together with other contextual charts and information. As the SID is completed over time, it will allow stakeholders to track progress and gaps across these key components of sustainability.

<b>Dark Green Score (8.50-10 points)</b> (sustainable and requires no additional investment at this time)
<b>Light Green Score (7.00-8.49 points)</b> (approaching sustainability and requires little or no investment)
<b>Yellow Score (3.50-6.99 points)</b> (emerging sustainability and needs some investment)
<b>Red Score (&lt;3.50 points)</b> (unsustainable and requires significant investment)

**Nigeria Overview:** With an estimated 200 million people, Nigeria is the most populous nation in Africa. The country bears the highest TB burden in Africa and fourth highest HIV burden globally (an estimated 1.9 million PLHIV). Since completing a nationwide population-based AIDS indicator survey, the Nigeria HIV/AIDS Indicator, and Impact Survey (NAIIS) in 2018, the country has launched a very successful effort to rapidly scale-up the coverage of HIV treatment services in the country.

Under a newly aligned national HIV treatment program, country stakeholders launched have mobilized to increase the coverage of HIV treatment and at the end of 2020, progress on the 90–90–90 treatment targets were 73–89–78—that is, 73% of people living with HIV had been diagnosed, 89% of those diagnosed were accessing treatment and 78% of those accessing treatment were virally suppressed. The adapted ART strategies focused on continuing expansion of HIV services while mitigating COVID-19 transmission. Key strategies included an intensified focus on community-based, rather than facility-based, HIV case-finding; immediate initiation of newly diagnosed PLHIV on 3-month ART starter packs (first ART dispense of 3 months of ART); expansion of ART distribution through community refill sites; and broadened access to multi-month dispensing (MMD) (3–6 months ART) among PLHIV established in care. These achievements were also supported through significant improvements in different elements of the national health system, as has been discovered during the stakeholder discussions to develop the 2021 SID.

**Nigeria 2019 SID Process:** In line with revised guidance, a core team of UNAIDS and PEPFAR staff met on July 17, 2021, to develop the roadmap for conducting the 2021 SID assessments in Nigeria. The team recognized the opportunity to use the SID process and its outcomes to inform similar on-going efforts at analyzing and understanding the status of the national health systems and its capacity to deliver and sustain the HIV program. The outcome of these discussion was that the agreement to have the National Agency for the Control of AIDS (NACA), lead the stakeholder mobilization and engagements for this year's SID, while UNAIDS and PEPFAR continue to provide technical leadership.

Following the initial meeting between the three agencies, the SID and RM tools and guidance were disseminated to stakeholders to commence their internal processes of completing the SID from their perspective and collating the needed reference documents to support their conclusions. With the approval of the leaders of the three institutions, a 35-member committee of subject matter experts from different stakeholder organizations convened in a 5-day meeting between the 11<sup>th</sup> and 5<sup>th</sup> of October 2021 to develop a joint initial draft of the SID which was then disseminated at the national HIV Expanded Theme Group meeting on the 28<sup>th</sup> of October 2021.

The draft documents were subsequently disseminated for final review and inputs as a small group of stakeholders were completing the other data inputs for the dashboard as well as a 20-page country narrative document reflecting the findings and conclusions from the 2021 SID and RM process, for reference in future discussions about national health systems priorities related to the HIV response. This short narrative is a pullout of the larger document which can also be assessed for a more in-depth knowledge of the Nigeria 2021 SID.

### **Sustainability Strengths:**

- **Planning and Coordination (10.0, Dark Green, previously 9.67, Dark Green):** Nigeria's HIV response is guided by an inclusive multi-year National Strategic Framework (2021-2025) with associated state level health and HIV strategic plans. The engagement of CSOs and the private sector has improved over time and is reflected in the diverse national strategy development processes. The increase in this year's SID iteration is attributed to the routine tracking of civil society and private sector by government. NACA hosts a database for CSOs and IPs which includes their GPS coordinates along with priority areas of focus. This improvement responds to the associated recommendation made in SID 2019. Stakeholders noted that although this database was in place to track service providers, there was a gap in the frequency of updating.

The group recommended that Government improved on the frequency of updating the database to guide planning, coordination, and accountability.

- **Private Sector Engagement (8.21, Light Green, previously 5.8, Yellow):** The scoring in this sub domain also experienced fluctuation over the various iterations of the SID. The resurgence of cooperation among private business noted in the previous SID was sustained.

Stakeholders applauded the improvement in the formal channels for private sector partnerships (PPP) and the opportunity for private sector engagement.

One high point in the element of private sector engagement is the establishment of an HIV Trust Fund. This is an innovation by the Federal Government in collaboration with the Private Sector and is solely private sector driven and funded. When operationalized, the fund is expected to increase domestic resources for resource strapped programme areas. Discussions are advanced regarding the timeline for the launch of the Fund.

Linkages and referral networks between onsite workplace programs and public health facilities were recognized however the need for strengthening of these mechanisms was acknowledged. Lack of efficiency in the legislation of pharmaceuticals was also flagged. It was noted that application of these legislations is limited due to insufficient awareness and poor utilization of legal information.

Even with an increase in the score, stakeholders recommended that Nigeria must sustain the tempo of the effort thus far.

- **Technical and Allocative Efficiency (9.0, Dark Green, previously 7.58, Light Green):** Has been an area of strength over the years with even more progress recorded in this year. The Revised National Strategic Framework 2019-2021 divided the country into high, medium, and low burden states and most investments for HIV (especially by donors) reflect this prioritization. Standard processes like Spectrum and Mode of Transmission (MOT) Surveys inform the understanding of the epidemic in Nigeria. For example, the MOT 2021 report states that the focus of the program should be geared toward AYP and PMTCT while the spectrum data was used as the basis for expansion of PEPFAR into the new states. In addition, policy on the integration of HIV/AIDS into the sub-national insurance schemes will improve strategic purchasing for HIV services. NACA aligns its procurement processes with the procurement Act while commodities are purchased at international benchmark prices through the WAMBO platform thereby improving efficiency in the HIV response.

The gap remains that sub-national health insurance schemes have not become fully operational, and this may threaten the sustainability of the response. Priority in terms of allocation should be given to higher burden areas.

Recommendation is for government to prioritize resource allocation to commodity supply and high burden states.

- **Performance Data (7.0 - Light Green previously 5.84, Yellow):** Nigeria boasts the necessary guidelines and structures for the collection, analysis and dissemination of performance data. The National Data Repository which captures patient level data for all service delivery areas is fully operational. There is a current drive to integrate the NDR with the DHIS2 system.

Stakeholders expressed concern regarding the sustainability of this national data reporting platform given that it is largely supported through donor programming. Gaps were also flagged in the coordination of non-health sector data.

The group recommended that the plans to review the non-health sector data tools be fast tracked along with the reactivation of the eNNRIMs reporting platform. It was also recommended that the timeliness of data reporting and validation from the states be addressed.

### **Sustainability Vulnerabilities:**

- **Civil Society Engagement (6.54, Yellow, previously 7.71, Yellow):** The sustainability scoring across SIDs for this element fluctuates as CSOs insist on improved engagement at all levels. The Government was commended for its engagement with CSO (through The Coalition of Civil Society Networks – CoCSNHAN), in the development of national strategies and on accountability platforms. The Faith Community is actively engaged and has proceeded to develop its own HIV/AIDS and other related diseases strategy from the National HIV and AIDS Strategy 2021-2025. Private health sectors contribute to the process through the Nigeria Business Coalition Against AIDS (NIBUCAA). NIBUCAA is the coordinating entity for private organized private sector.

Consistent with the previous SID, CSOs reported their limited or non-involvement in financial planning and allocations including in Government budgeting and the HIV Trust Fund initiative. Stakeholders recommended that Government and partners create space for meaningful involvement in budget advocacy and budget tracking beyond sittings on boards.

- **Data for Decision-Making Ecosystem (3.00, Red previously 0.67, Red):** Though there's some improvement, this element is still an vulnerability for the country. The Government of Nigeria has commenced the collection of biometric data (fingerprint) from all PLHIV as part of patient-level data from health facilities to the National Data Repository (NDR) for deduplication of records. There is a plan to introduce a national unique ID system to be derived from a system that may include each patient's unique fingerprint data. However, IPs in the country are currently using various unique IDs for their programming. HIV/AIDS data warehouse, the NDR, exist but it is not integrated with any administrative data and does not currently have other disease conditions.
- Stakeholders reported suboptimal performance of the Civil Registration and Vital Statistics (CRV) system.
- In light of this and other gaps it was recommended that the Government fast track the implementation and rollout of the national unique ID system, including its critical and essential National Client Registry component. The unique identifier conversation should be robust in consultation with deliberate efforts to harmonize across other disease programs.

**Conclusion:** There is a general improvement across most of the domains and elements of the SID and it is obvious that these improvements have contributed to the recent programmatic success in the national HIV treatment program. The Government is investing more and supporting the development of policies and systems to improve and sustain the HIV response. Stakeholder coordination has improved under the National Alignment Program, a joint agreement between the three principal funders of the HIV program in Nigeria; PEPFAR, the Global Fund and the Government of Nigeria, to prioritize their organization's investments and efforts in their unique areas of comparative advantage.

The central role of the National Agency for the Control of AIDS in this year's iteration of the SID, is a commitment by the agency and on behalf of the Government of Nigeria to use the products of these engagement, to guide future efforts to prioritize health systems investment to ensure that the Country is increasingly empowered to advance and sustain it HIV program goals and objectives.

# Sustainability Analysis for Epidemic Control: Nigeria

Epidemic Type: Mixed

Income Level: Lower middle income

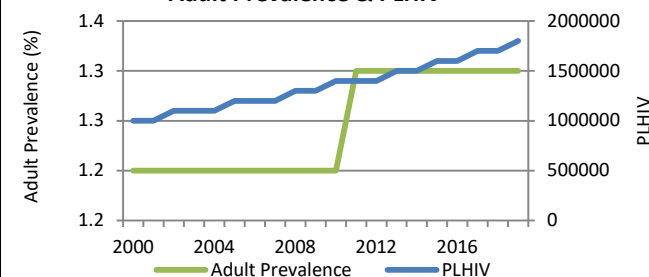
PEPFAR COP 19 Planning Level: \$371.135m

## SUSTAINABILITY DOMAINS AND ELEMENTS

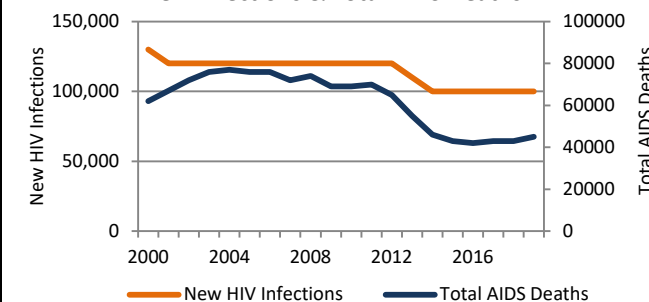
	2015 (SID 2.0)	2017 (SID 3.0)	2019 (SID 4.0)	2021
<b>Governance, Leadership, and Accountability</b>				
1. Planning and Coordination	8.17	9.67	9.67	10.00
2. Policies and Governance	5.44	6.57	5.55	6.16
3. Civil Society Engagement	6.33	8.33	7.71	6.54
4. Private Sector Engagement	4.93	7.42	5.81	8.21
5. Public Access to Information	7.00	5.00	6.56	6.56
<b>National Health System and Service Delivery</b>				
6. Service Delivery	2.50	6.06	4.90	6.01
7. Human Resources for Health	4.92	6.09	6.09	5.99
8. Commodity Security and Supply Chain	5.73	6.18	4.72	6.32
9. Quality Management	6.24	7.38	3.86	5.48
10. Laboratory	4.44	5.83	5.94	6.89
<b>Strategic Financing and Market Openness</b>				
11. Domestic Resource Mobilization	3.06	5.71	5.56	5.99
12. Technical and Allocative Efficiencies	4.51	8.00	7.58	9.00
13. Market Openness	N/A	N/A	9.20	8.59
<b>Strategic Information</b>				
14. Epidemiological and Health Data	3.75	5.71	5.99	6.18
15. Financial/Expenditure Data	5.00	8.33	7.50	8.33
16. Performance Data	3.74	6.23	5.84	7.00
17. Data for Decision-Making Ecosystem	N/A	N/A	0.67	3.00

## CONTEXTUAL DATA

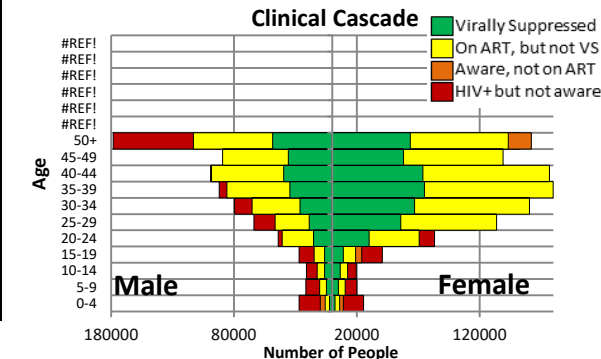
### Adult Prevalence & PLHIV



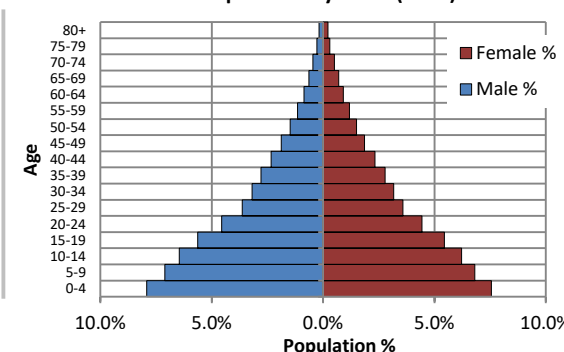
### New Infections & Total AIDS Deaths



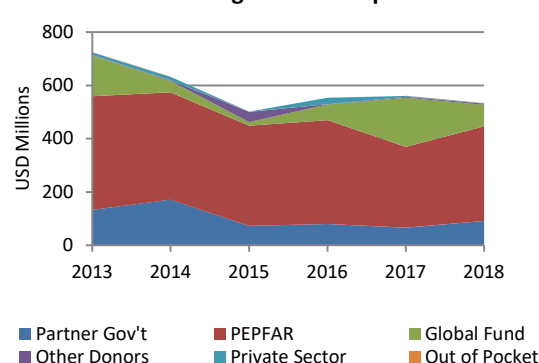
### Clinical Cascade



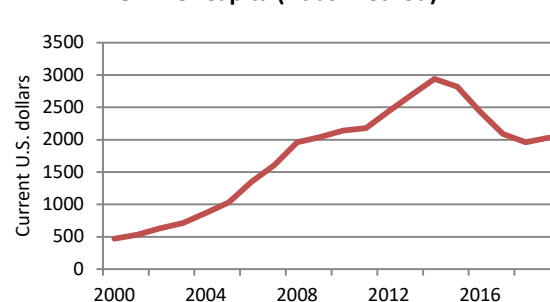
### Population Pyramid (2019)



### Financing the HIV Response



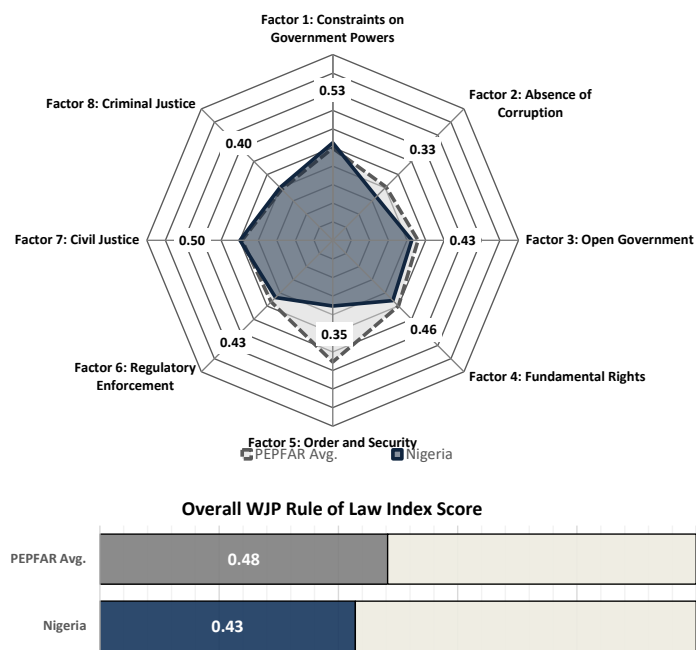
### GNI Per Capita (Atlas Method)



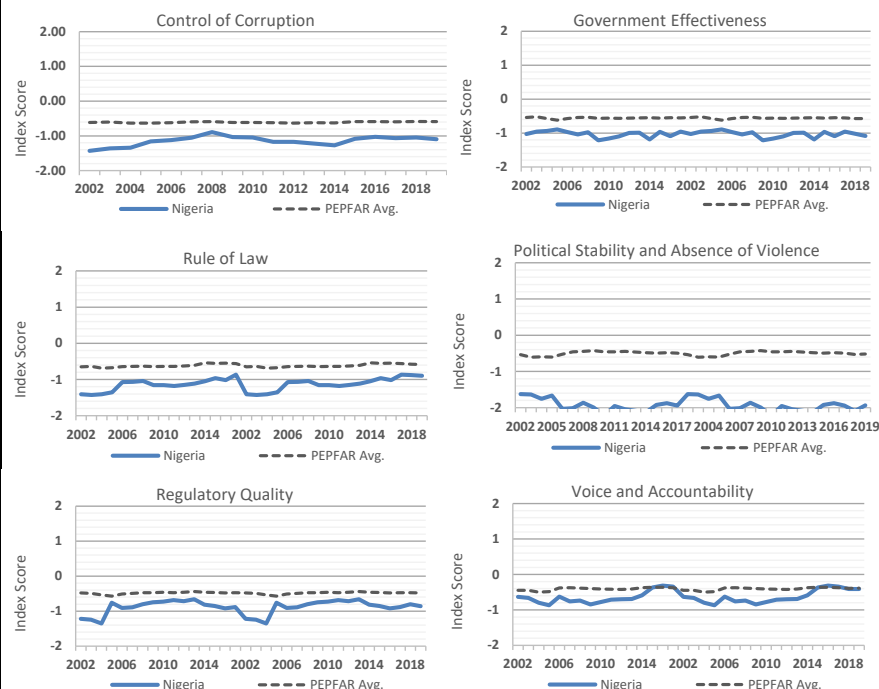
# Sustainability Analysis for Epidemic Control: Nigeria

## Contextual Governance Indicators

### Rule of Law Index (World Justice Project)



### Worldwide Governance Indicators (World Bank)



WJP's Rule of Law Index measures the general public's experience and perception across eight 'factors':

- 1. Constraints on Government Powers:** Governmental powers are limited by both internal and external checks, including auditing and review. Governmental officials are subject to the law and sanctioned for misconduct.
- 2. Absence of Corruption:** Government officials in all branches of government do not use public office for private gain.
- 3. Open Government:** Citizens have open access to government information and data, complaint mechanisms, and civic participation.
- 4. Fundamental Rights:** There is equal treatment of citizens and absence of discrimination. The rights to freedom of expression, security of the person, and due process are effectively guaranteed.
- 5. Order and Security:** Crime and civil conflict are effectively limited. Personal grievances are not redressed through violence.
- 6. Regulatory Enforcement:** Government regulations are effectively applied and enforced without improper influence. Due process is respected in administrative proceedings.
- 7. Civil Justice:** Civil justice is accessible and free of discrimination, corruption and improper government influence.
- 8. Criminal Justice:** Criminal justice is impartial, timely and effective, and free from corruption or improper government influence. There is due process of law and rights of the accused.

More information can be found at: <https://worldjusticeproject.org/our-work/research-and-data/wjp-rule-law-index-2020/current-historical-data>

The World Bank Worldwide Governance Indicators (WGI) score countries based on six dimensions of governance:

- 1. Control of Corruption:** captures perceptions of the extent to which public power is exercised for private gain, including both petty and grand forms of corruption, as well as 'capture' of the state by elites and private interests.
- 2. Government Effectiveness:** measures the quality of public services, the quality of the civil service and its independence from political pressure, the quality of policy formulation and implementation (including the efficiency of revenue mobilization and budget management), and the credibility of the government's commitment to its stated policies.
- 3. Rule of Law:** captures perceptions of the extent to which agents have confidence in and abide by the rules of society, and in particular the quality of contract enforcement, property rights, the police, and the courts, as well as the likelihood of crime and violence.
- 4. Political Stability and Absence of Violence:** measures perceptions of the likelihood of political instability and/or politically-motivated violence, including terrorism.
- 5. Regulatory Quality:** Measures perceptions of the ability of the government to formulate and implement sound policies and regulations that permit and promote private sector development.
- 6. Voice and Accountability:** captures perceptions of the extent to which a country's citizens are able to participate in selecting their government, as well as freedom of expression, freedom of association, and a free media.

More information can be found at: <https://info.worldbank.org/governance/wgi/>



Domain A. Governance, Leadership, and Accountability				
<b>What Success Looks Like:</b> Host government upholds a transparent and accountable resolve to be responsible to its citizens and international stakeholders for achieving planned HIV/AIDS results, is a good steward of HIV/AIDS finances, widely disseminates program progress and results, provides accurate information and education on HIV/AIDS, and supports mechanisms for eliciting feedback. Relevant government entities take actions to create an enabling policy and legal environment, ensure good stewardship of HIV/AIDS resources, create space for and promote participation of the private sector, and provide technical and political leadership to coordinate an effective national HIV/AIDS response.				
<b>1. Planning and Coordination:</b> Host country develops, implements, and oversees a costed multiyear national strategy and serves as the preeminent architect and convener of a coordinated HIV/AIDS response in the country across all levels of government and key stakeholders, civil society and the private sector.		Data Source		Notes/Comments
<b>1.1 Content of National Strategy:</b> Does the country have a multi-year, costed national strategy to respond to HIV?	<input type="radio"/> A. There is no national strategy for HIV/AIDS  <input checked="" type="radio"/> B. There is a multiyear national strategy. Check all that apply:  <input type="checkbox"/> It is costed  <input type="checkbox"/> It has measurable targets.  <input type="checkbox"/> It is updated at least every five years  Strategy includes all crucial response components for prevention and treatment (HIV testing, treatment and care [including children and adolescents], PMTCT, transition from 'catchup' to sustainable VMMC if country performs VMMCs, scale-up of viral load, EID, and other key metrics)  <input type="checkbox"/> Strategy includes explicit plans and activities to address the needs of all epidemiologically significant key populations.  <input type="checkbox"/> Strategy includes all crucial response components to mitigate the impact of HIV on vulnerable children  <input type="checkbox"/> Strategy (or separate document) includes considerations and activities related to sustainability	1.1 Score: 2.50	<b>1. National Agency for the Control of AIDS (2020), 'National Strategic Framework for HIV and AIDS: 2021 to 2025'.</b> Nigeria. Available online from: <a href="https://naca.gov.ng/wordpress/wp-content/uploads/2017/09/NATIONAL-HIV-AND-AIDS-STRATEGIC-FRAMEWORK.pdf">https://naca.gov.ng/wordpress/wp-content/uploads/2017/09/NATIONAL-HIV-AND-AIDS-STRATEGIC-FRAMEWORK.pdf</a>  <b>2. State Plans for 2021-2025</b> have been finalised and costed except for three states (Bauchi, Adamawa and Taraba). 36+1 States Health Development Plans exists that takes into consideration the treatment component of the HIV Response. <b>Available in hard copy.</b>  <b>3. Federal Ministry of Health (2021), 'National Strategy for Adolescents and Young People 2021-2025',</b> Nigeria. <b>Available in hard copy.</b>	There is an updated strategy for HIV and AIDS in Nigeria--The National HIV and AIDS Strategic Framework 2021-2025.  There exist 34+1 State Strategic Plans for HIV and AIDS, with three outstanding states; States strategic health development plans exists for the 36+1 states that covers the health component of the Response  The current National HIV/AIDS Adolescent and Young Person Strategy expired in 2020 and it is currently being revised. However, a Adolescent and Young Person Strategy 2021-2025 exist for the health sector and it includes HIV programme
<b>1.2 Participation in National Strategy Development:</b> Who actively participates in development of the country's national HIV/AIDS strategy?	<input type="radio"/> A. There is no national strategy for HIV/AIDS  <input checked="" type="radio"/> B. The national strategy is developed with participation from the following stakeholders (check all that apply):  <input type="checkbox"/> Its development was led by the host country government  <input type="checkbox"/> Civil society actively participated in the development of the strategy  <input type="checkbox"/> Private health sector providers, facilities, and training institutions, actively participated in the development of the strategy  <input type="checkbox"/> Businesses and the corporate sector actively participated in the development of the strategy including workplace development and corporate social responsibility (CSR)  <input type="checkbox"/> External agencies (i.e. donors, other multilateral orgs., etc.) supporting HIV services in-country participated in the development of the strategy	1.2 Score: 2.50	<b>1. National Agency for the Control of AIDS (2020), 'National Strategic Framework for HIV and AIDS: 2021 to 2025'.</b> Nigeria. Available online from: <a href="https://naca.gov.ng/wordpress/wp-content/uploads/2017/09/NATIONAL-HIV-AND-AIDS-STRATEGIC-FRAMEWORK.pdf">https://naca.gov.ng/wordpress/wp-content/uploads/2017/09/NATIONAL-HIV-AND-AIDS-STRATEGIC-FRAMEWORK.pdf</a>	The Coalition of Civil Society Networks (CoCSNHAN) was actively engaged in the development process of the Strategy.  Private health sectors contribute to the process through the Nigeria Business Coalition Against AIDS (NIBUCAA). NIBUCAA is the coordinating entity for private organised private sector.  The Federal Government in collaboration with the Private Sector has set up the HIV Trust Fund which is solely private sector driven and funded.  The Faith Community actively participated and have gone ahead to develop their own HIV/AIDS and other related diseases strategy from the National HIV and AIDS Strategy 2021-2025
<b>1.3 Coordination of National HIV Implementation:</b> To what extent does the host country government coordinate all HIV/AIDS activities implemented in the country, including those funded or implemented by CSOs, private sector, and donor implementing partners?	Check all that apply:  <input type="checkbox"/> There is an effective mechanism within the host country government for internally coordinating HIV/AIDS activities implemented by various government ministries, institutions, offices, etc.  <input type="checkbox"/> The host country government routinely tracks and maps HIV/AIDS activities of:  <input type="checkbox"/> civil society organizations  <input type="checkbox"/> private sector (including health care providers and/or other private sector partners)  <input type="checkbox"/> donors  The host country government leads a mechanism or process (i.e. committee, working group, etc.) that routinely convenes key internal and external stakeholders and implementers of the national response for planning and coordination purposes.  <input type="checkbox"/> Joint operational plans are developed that include key activities of implementing organizations.	1.3 Score: 2.50	<b>1. National Agency for the Control of AIDS (2020), 'National Strategic Framework for HIV and AIDS: 2021 to 2025'.</b> Nigeria. Available online from: <a href="https://naca.gov.ng/wordpress/wp-content/uploads/2017/09/NATIONAL-HIV-AND-AIDS-STRATEGIC-FRAMEWORK.pdf">https://naca.gov.ng/wordpress/wp-content/uploads/2017/09/NATIONAL-HIV-AND-AIDS-STRATEGIC-FRAMEWORK.pdf</a>  <b>2. State Plans for 2021-2025</b> have been finalised and costed except for three states (Bauchi, Adamawa and Taraba). 36+1 States Health Development Plans exists that takes into consideration the treatment component of the HIV Response. <b>Available in hard copy.</b>  <b>3. Federal Ministry of Health (2021), 'National Strategy for Adolescents and Young People 2021-2025',</b> Nigeria. <b>Available in hard copy.</b>	The National Strategic Framework provides the framework for coordinating the HIV Response in the country. Also, other mechanisms include: the Expanded HIV/AIDS Theme Group (ETG) co-chaired by NACA and UNAIDS; The Country Coordinating Mechanism (CCM) chaired by the honourable minister of Health.  At the state level, quarterly coordination meetings exists for all stakeholders to review HIV/AIDS data, programmes etc.  There is a Joint Annual Review for the HIV programme but it is not consistent  There exist a database for CSOs and IPs in Nigeria with their GPS coordinates hosted by NACA. However, it is not regularly updated. it is available uon request.  The National Council on AIDS is another coordinating mechanism, with



	<input checked="" type="checkbox"/> Duplications and gaps among various government, CSO, private sector, and donor activities are systematically identified and addressed.			the last edition in 2019.
<b>1.4 Sub-national Unit Accountability:</b> Is there a mechanism by which sub-national units are accountable to national HIV/AIDS goals or targets? (note: equal points for either checkbox under option B)	<input type="radio"/> A. There is no formal link between the national plan and sub-national service delivery. <input checked="" type="radio"/> B. There is a formal link between the national plan and sub-national service delivery. (Check the ONE that applies.) <input type="checkbox"/> Sub-national units have performance targets that contribute to aggregate national goals or targets. <input type="checkbox"/> The central government is responsible for service delivery at the sub-national level.	1.4 Score: 2.50	33+1 HIV and AIDS State Strategic Plans (SSPs) 2021-2025 exists, also, 36+1 State Strategic Health Development Plan exists with HIV/AIDS programme component included.	
<b>Planning and Coordination Score: 10.00</b>				
<b>2. Policies and Governance:</b> Host country develops, implements, and oversees a wide range of policies, laws, and regulations that will achieve coverage of high impact interventions, ensure social and legal protection and equity for those accessing HIV/AIDS services, eliminate stigma and discrimination, and sustain epidemic control within the national HIV/AIDS response.		<b>Data Source</b>		<b>Notes/Comments</b>
<b>2.1 WHO Guidelines for ART Initiation:</b> Does current national HIV/AIDS technical practice follow current WHO guidelines for initiation of ART - i.e., optimal ART regimens for all populations (including TLD as recommended)?	For each category below, check yes or no to indicate if current national HIV/AIDS technical practice follows current WHO guidelines on optimal ART regimens for each of the following:  A. Adults (>19 years) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  B. Pregnant and Breastfeeding Mothers <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  C. Adolescents (10-19 years) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  D. Children (<10 years) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2.1 Score: 0.83	<b>1. The National Guideline for Prevention, Treatment and Care 2020.</b> Available online at: <a href="https://www.nascp.gov.ng/resources/view/2">https://www.nascp.gov.ng/resources/view/2</a>	
<b>2.2 Enabling Policies and Legislation:</b> Are there policies or legislation that govern HIV/AIDS service delivery or policies and legislation on health care which is inclusive of HIV service delivery?  Note: If one of the listed policies differentiates policy for specific groups, please note in the <i>Notes/Comments</i> column.	Check all that apply: <input checked="" type="checkbox"/> A national public health services act that includes the control of HIV  <input checked="" type="checkbox"/> A task-shifting policy that allows trained non-physician clinicians, midwives, and nurses to initiate and dispense ART  <input checked="" type="checkbox"/> A task-shifting policy that allows trained and supervised community health workers to dispense ART between regular clinical visits  <input checked="" type="checkbox"/> Policies that permit patients stable on ART to have reduced clinical visits (i.e. every 6-12 months)  <input checked="" type="checkbox"/> Policies that permit patients stable on ART to have reduced ARV pickups (i.e. every 3-6 months)  <input checked="" type="checkbox"/> Policies that permit streamlined ART initiation, such as same day initiation of ART for those who are ready  <input checked="" type="checkbox"/> Legislation to ensure the well-being and protection of children, including those orphaned and made vulnerable by HIV/AIDS  <input checked="" type="checkbox"/> Policies that permit HIV self-testing	2.2 Score: 0.71	<b>1. The National Guideline for Prevention, Treatment and Care 2020.</b> Available online at: <a href="https://www.nascp.gov.ng/resources/view/2">https://www.nascp.gov.ng/resources/view/2</a>  <b>2. Federal Ministry of Health (2014) Task-Shifting and Task-sharing Policy for essential Health Care Services in Nigeria.</b> Available at: <a href="http://www.health.gov.ng/doc/TSTS.pdf">http://www.health.gov.ng/doc/TSTS.pdf</a>  3. Child Rights Acts available at <a href="https://lawsfnigeria.placng.org/laws/C50.pdf">https://lawsfnigeria.placng.org/laws/C50.pdf</a>  4. National Priority Agenda for Vulnerable Children, (2019) (Available upon request).	

Notes/Comments Column:	<input checked="" type="checkbox"/> Policies that permit pre-exposure prophylaxis (PrEP)  <input checked="" type="checkbox"/> Policies that permit post-exposure prophylaxis (PEP)  <input type="checkbox"/> Policies that allow HIV testing without parental consent for adolescents, starting at age 15  <input type="checkbox"/> Policies that allow HIV-infected adolescents, starting at age 15, to seek HIV treatment without parental consent  <input checked="" type="checkbox"/> Policies that permit TB screening and TPT for PLHIV  <input checked="" type="checkbox"/> Policies that allow for integrated management of HIV program with other diseases of public health importance (e.g. HIV/COVID-19)			
<b>2.3 User Fees for HIV Services:</b> Are HIV infected persons expected or likely to be asked to pay user fees, either formal or informal, for <u>any</u> HIV services in the public sector: clinical, laboratory, testing, prevention and others?  Note: "Formal" user fees are those established in policy or regulation by a government or institution.	Check all that apply:  <input type="checkbox"/> No, neither formal nor informal user fees exist.  <input checked="" type="checkbox"/> Yes, formal user fees exist.  <input checked="" type="checkbox"/> Yes, informal user fees exist.	2.3 Score: 0.00	1. <a href="http://www.healthpolicyplus.com/ns/pubs/17383-17697_NigeriaHIVUserFeeReport.pdf">http://www.healthpolicyplus.com/ns/pubs/17383-17697_NigeriaHIVUserFeeReport.pdf</a>  <a href="http://www.healthpolicyplus.com/ns/pubs/17383-17696_NigeriaHIVUserFees.pdf">http://www.healthpolicyplus.com/ns/pubs/17383-17696_NigeriaHIVUserFees.pdf</a>	Some states have put out formal statements abolishing user fees for PLHIV.
<b>2.4 User Fees for Other Health Services:</b> Are HIV infected persons expected or likely to be asked to pay user fees, either formal or informal, for <u>any</u> non-HIV services in the public sector, such as MCH/SRH, TB, outpatient registration, hospitalizations, and others?  Note: "Formal" user fees are those established in policy or regulation by a government or institution.	Check all that apply:  <input type="checkbox"/> No, neither formal nor informal user fees exist.  <input checked="" type="checkbox"/> Yes, formal user fees exist.  <input checked="" type="checkbox"/> Yes, informal user fees exist.	2.4 Score: 0.00	1. <b>Simeon Wakaudu (2019)</b> , Nations Newspapers Online June 26, 2019, "Wike abolishes user-fees for treatment of persons living with HIV/AIDS". Available online: <a href="https://thenationonline.ng.net/wike-abolishes-user-fees-for-treatment-of-persons-living-with-hiv-aids/">https://thenationonline.ng.net/wike-abolishes-user-fees-for-treatment-of-persons-living-with-hiv-aids/</a>	Currently both formal and informal user fees exist however, the NHIS has developed an essential package of health care services for the NHIS. In addition, there is a bill in the National Assembly to make health insurance compulsory for all Nigerians. Once this is achieved, all Nigerians (including persons living with HIV/AIDs) will also be covered for all non HIV services on the essential package of health services list.
<b>2.5 Data Protection:</b> Does the country have policies in place that support the collection and appropriate use of patient-level data for health, including HIV/AIDS?	The country has policies in place that (check all that apply):  <input checked="" type="checkbox"/> Govern the collection of patient-level data for public health purposes, including surveillance  <input type="checkbox"/> Govern the collection and use of unique identifiers such as national ID for health records  <input checked="" type="checkbox"/> Govern the privacy and confidentiality of health outcomes matched with personally identifiable information  <input type="checkbox"/> Govern the use of patient-level data, including protection against its use in criminal cases  <input checked="" type="checkbox"/> Govern the exchange of information between related Health Information System platforms for patient-level data linkage and integration	2.5 Score: 0.50	1. <b>National Agency for the Control of AIDS, NACA (2011)</b> , 'The National HIV and AIDS Monitoring and Evaluation Plan 2011-2016: The Nigeria National Response Information Management System (NNRIMS) Operational Plan II', 3rd Edition, Abuja, Nigeria. Available from: <a href="https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_201321.pdf">https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_201321.pdf</a>	
<b>2.6 Legal Protections for Key Populations:</b> Does the country have laws or policies that specify protections (not specific to HIV) for specific populations?	Check all that apply:  Transgender people (TG): <input type="checkbox"/> Constitutional prohibition of discrimination based on gender diversity  <input type="checkbox"/> Prohibitions of discrimination in employment based on gender diversity  <input type="checkbox"/> A third gender is legally recognized  <input type="checkbox"/> Other non-discrimination provisions specifying gender diversity (note in comments)  Men who have sex with men (MSM):	2.6 Score: 0.14	Note: This question is adapted from questions asked in the revised UNAIDS NCPI (2016). If your country has completed the new NCPI, you may use it as a data source to answer this question.  <b>Regarding PWID</b> 1. <b>Government of Nigeria Inter-Ministerial Committee (2021)</b> , "National Drug Control Master Plan 2021–2025". Available online at: <a href="https://www.unodc.org/nigeria/en/press/launch-of-national-drug-control-master-plan-2021-2025-for-nigeria.html">https://www.unodc.org/nigeria/en/press/launch-of-national-drug-control-master-plan-2021-2025-for-nigeria.html</a>	The following policy and legal framework exist, however none specify protections for key populations: *Constitution of the Federal Republic *Anti-discrimination Act 2014 (to be domesticated) *Patient Bill of Rights *Violence Against Persons Prohibition Act 2015 *Stigma reduction Strategy *Child Rights Act 2003 *National Human Rights Act 1995 *Administration of Criminal Justice Act 2015 *Act governing law enforcement agencies

	<input type="checkbox"/> Constitutional prohibition of discrimination based on sexual orientation <input type="checkbox"/> Hate crimes based on sexual orientation are considered an aggravating circumstance <input type="checkbox"/> Incitement to hatred based on sexual orientation prohibited <input type="checkbox"/> Prohibition of discrimination in employment based on sexual orientation <input type="checkbox"/> Other non-discrimination provisions specifying sexual orientation <p>Female sex workers (FSW):</p> <input type="checkbox"/> Constitutional prohibition of discrimination based on occupation <input type="checkbox"/> Sex work is recognized as work <input type="checkbox"/> Other non-discrimination protections specifying sex work (note in comments) <p>People who inject drugs (PWID):</p> <input checked="" type="checkbox"/> Specific antidiscrimination laws or other provisions for people who use drugs (specify in comments) <input checked="" type="checkbox"/> Explicit supportive reference to harm reduction in national policies <input type="checkbox"/> Policies that address the specific needs of women who inject drugs			
<p><b>2.7 Legal Protections for Victims of Violence:</b> Does the country have protections in place for victims of violence?</p>	<p>The country has the following to protect all epidemiologically significant key populations and people living with HIV (PLHIV) from violence:</p> <input checked="" type="checkbox"/> General criminal laws prohibiting violence <input checked="" type="checkbox"/> Specific legal provisions prohibiting violence against people based on their HIV status or belonging to a key population <input checked="" type="checkbox"/> Programs to address intimate partner violence <input checked="" type="checkbox"/> Programs to address workplace violence <input checked="" type="checkbox"/> Interventions to address police abuse <input checked="" type="checkbox"/> Interventions to address torture and ill treatment in prisons <input checked="" type="checkbox"/> A national plan or strategy to address gender-based violence and violence against women that includes HIV <input checked="" type="checkbox"/> Legislation on domestic violence <input checked="" type="checkbox"/> Criminal penalties for domestic violence <input checked="" type="checkbox"/> Criminal penalties for violence against children	<p>2.7 Score: 0.83</p>	<p><b>1. Violence Against Person Prohibition Act 2015.</b> Available at: <a href="https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/104156/126946/F-1224509384/NGA104156.pdf">https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/104156/126946/F-1224509384/NGA104156.pdf</a>  <b>2. National Agency for the Control of AIDS (2020)</b>, 'National Strategic Framework for HIV and AIDS: 2021 to 2025'. Nigeria. Available online from: <a href="https://naca.gov.ng/wordpress/wp-content/uploads/2017/09/NATIONAL-HIV-AND-AIDS-STRATEGIC-FRAMEWORK.pdf">https://naca.gov.ng/wordpress/wp-content/uploads/2017/09/NATIONAL-HIV-AND-AIDS-STRATEGIC-FRAMEWORK.pdf</a>  <b>3. Federal Republic of Nigeria (2013)</b>, "National Workplace Policy on HIV", Ministry of Labour and Productivity. 2019. Available online from: <a href="https://www.ilo.org/wcmsp5/groups/public/---africa/---ro-abidjan/---ilo-abuja/documents/publication/wcms_344217.pdf">https://www.ilo.org/wcmsp5/groups/public/---africa/---ro-abidjan/---ilo-abuja/documents/publication/wcms_344217.pdf</a>  <b>4. International Comparative Legal Guides (ICLG), (2019)</b>, "Nigeria: Employment and Labour Laws and Regulation". Available online from: <a href="https://iclg.com/practice-areas/employment-and-labour-laws-and-regulations/nigeria">https://iclg.com/practice-areas/employment-and-labour-laws-and-regulations/nigeria</a></p>	<p>The following policy and legal framework exist, however, it does not specify key populations:  *Constitution of the Federal Republic  *Anti-discrimination Act 2014  *Patient Bill of Rights  *Violence Against Persons Prohibition Act 2015  *Stigma reduction Strategy  *Child Rights Act 2003  *National Human Rights Act 1995  *Administration of Criminal Justice Act 2015  *Act governing law enforcement agencies</p>
<p><b>2.8 Structural Obstacles:</b> Does the country have laws and/or policies that present barriers to delivery of HIV prevention, testing and treatment services or the accessibility of these services?</p>	<p><b>For each question, select the most appropriate option:</b></p> <p>Are transgender people criminalized and/or prosecuted in the country?</p> <input type="checkbox"/> Both criminalized and prosecuted <input type="checkbox"/> Criminalized <input type="checkbox"/> Prosecuted <input checked="" type="checkbox"/> Neither criminalized nor prosecuted <p>Is cross-dressing criminalized in the country?</p> <input type="checkbox"/> Yes <input type="checkbox"/> Yes, only in parts of the country	<p>2.8 Score: 0.64</p>	<p><b>1. Shadare O.E., (2020), "Sex Work in Nigeria:</b> Regulation, Not Criminalization", Unilag Law Review Vol. 4, No. 1. Available Online at: <a href="https://unilaglawreview.org/wp-content/uploads/2020/06/SEX-WORK-IN-NIGERIA-REGULATION-NOT-CRIMINALIZATION.pdf">https://unilaglawreview.org/wp-content/uploads/2020/06/SEX-WORK-IN-NIGERIA-REGULATION-NOT-CRIMINALIZATION.pdf</a>  2. <a href="https://learnnigerianlaws.com/prostitution-is-not-a-crime-in-all-parts-of-nigeria-and-police-cannot-arrest-prostitutes-daily-law-tips-tip-324-by-onyekachi-umah-esq-ilm-aciarb-uk/">https://learnnigerianlaws.com/prostitution-is-not-a-crime-in-all-parts-of-nigeria-and-police-cannot-arrest-prostitutes-daily-law-tips-tip-324-by-onyekachi-umah-esq-ilm-aciarb-uk/</a>  3. <b>"Nigerian court rules that sex work is not a crime"</b> ... - (BBC, 2019). Online Video. Available online from: <a href="https://www.bbc.co.uk/programmes/p07ygj8w">https://www.bbc.co.uk/programmes/p07ygj8w</a></p>	<p>1. <i>"Sex Work in Nigeria is illegal in all Northern States that practice the Islamic Penal Code. In the Southern part of Nigeria, the activities of pimps, underage prostitution and the ownership of brothels are penalized under Sections 223 to 225 of the Nigerian Criminal Code"</i>, (Shadare, 2020).</p> <p>2. <i>"There is no Federal/National law against PROSTITUTION in Nigeria. Although, owing to Sharia Law in Northern states in Nigeria, prostitution is prohibited. In all the Western, Eastern and Southern states in Nigeria, prostitution is not a crime. Hence, police or security agencies CANNOT arrest prostitutes in such states. Note that owning/running a brothel, being a pimp, trafficking persons for prostitution, use of children as sex slaves and other similar acts are criminal in all parts of Nigeria.</i></p>

☐ Yes, only under certain circumstances  
☒ No

Is sex work criminalized in your country?

☐ Selling and buying sexual services is criminalized  
☐ Selling sexual services is criminalized  
☒ Buying sexual services is criminalized  
☐ Partial criminalization of sex work  
☐ Other punitive regulation of sex work  
☐ Sex work is not subject to punitive regulations or is not criminalized.  
☐ Issue is determined/differs at subnational level

Does the country have laws criminalizing same-sex sexual acts?

☐ Yes, death penalty  
☐ Yes, imprisonment (14 years - life)  
☒ Yes, imprisonment (up to 14 years)  
☐ No penalty specified  
☐ No specific legislation  
☐ Laws penalizing same-sex sexual acts have been decriminalized or never existed

Does the country maintain the death penalty in law for people convicted of drug-related offenses?

☐ Yes, with high application (sentencing of people convicted of drug offenses to death and/or carrying out executions are a routine and mainstreamed part of the criminal justice system)  
☐ Yes, with low application (executions for drug offenses may have been carried out in recent years, but in practice such penalties are relatively rare)  
☐ Yes, with symbolic application (the death penalty for drug offenses is included in legislation, but executions are not carried out)  
☒ No

Does the country have laws criminalizing the transmission of, non-disclosure of, or exposure to HIV transmission?

☒ Yes  
☐ No, but prosecutions exist based on general criminal laws  
☐ No

Does the country have policies restricting the entry, stay, and residence of people living with HIV (PLHIV)?

☐ Yes  
☒ No

Does the country have other punitive laws affecting lesbian, gay, bisexual, transgender, and intersex (LGBTI) people?

☐ Yes, promotion ("propaganda") laws  
☐ Yes, morality laws or religious norms that limit LGBTI freedom of expression and association

My authorities are sections 223, 224 and 225 of the Criminal Code, section 15, 16, 17 and 18 of the Trafficking In Person (Prohibition), Enforcement and Administration Act, 2015 and sections 30 of the Child's Right Act, 2003", (Onyekachi Umah, Esq., 2017).

3. "Nigerian court rules that sex work is not a crime"... - B(BC, 2019)

4. Also - State Environmental Laws around vagrancy have been used systematically to harass sexworkers and women generally in some major towns.

	<input type="checkbox"/> No			
<p><b>2.9 Rights to Access Services:</b> Recognizing the right to nondiscriminatory access to HIV services and support, does the government have efforts in place to educate and ensure the rights of PLHIV, all epidemiologically significant key populations, adolescents, and those who may access HIV services about these rights?</p>	<p>There are host country government efforts in place as follows (check all that apply):</p> <p><input checked="" type="checkbox"/> To educate PLHIV about their legal rights in terms of access to HIV services</p> <p><input checked="" type="checkbox"/> To educate key populations about their legal rights in terms of access to HIV services</p> <p><input checked="" type="checkbox"/> National law exists regarding health care privacy and confidentiality protections</p> <p><input checked="" type="checkbox"/> Government provides financial support to enable access to legal services if someone experiences discrimination, including redress where a violation is found</p>	2.9 Score: 0.83	<p>Government funded legal protection is provided by:</p> <p><b>1. Legal AIDS Council, Nigeria</b> - <a href="http://www.legalaidcouncil.gov.ng/index.php/en/">http://www.legalaidcouncil.gov.ng/index.php/en/</a> and</p> <p><b>2. The National Human Rights Commission</b> - <a href="http://www.nigeriariights.gov.ng/">http://www.nigeriariights.gov.ng/</a></p>	No change from SID4.0.
<p><b>2.10 Audit:</b> Does the host country government conduct a national HIV/AIDS program audit or audit of Ministries that work on HIV/AIDS on a regular basis (excluding audits of donor funding that are through government financial systems)?</p>	<p><input type="radio"/> A. No audit is conducted of the National HIV/AIDS Program or other relevant ministry.</p> <p><input type="radio"/> B. An audit is conducted of the National HIV/AIDS program or other relevant ministries every 4 years or more.</p> <p><input checked="" type="radio"/> C. An audit is conducted of the National HIV/AIDS program or other relevant ministries every 3 years or less.</p>	2.10 Score: 0.83	<p><b>1. Joint Annual Review</b> was completed in 2019 involving TB/HIV (report available on request)</p>	Joint Annual Reviews (JARs) are used to conduct audit of the program elements of the National and Sub-national HIV/AIDS Response effort. However, JAR reports were not readily available for review and referencing.
<p><b>2.11 Audit Action:</b> To what extent does the host country government respond to the findings of a HIV/AIDS audit or audit of Ministries that work on HIV/AIDS?</p>	<p><input type="radio"/> A. Host country government does not respond to audit findings, or no audit of the national HIV/AIDS program is conducted.</p> <p><input checked="" type="radio"/> B. The host country government does respond to audit findings by implementing changes as a result of the audit.</p> <p><input type="radio"/> C. The host country government does respond to audit findings by implementing changes which can be tracked by legislature or other bodies that hold government accountable.</p>	2.11 Score: 0.42		The sustainability plans under development are responses to programme audit
<p><b>2.12 Innovation Regulation:</b> Does the host government have a timely and effective formal regulatory and registration process for the introduction of new products, technologies, and solutions in support of HIV programming?</p>	<p><input type="radio"/> A. No, no formal processes exist</p> <p><input checked="" type="radio"/> B. Yes, effective but not always timely</p> <p><input type="radio"/> C. Yes, timely but not always effective</p> <p><input type="radio"/> D. Yes, both timely and effective</p>	2.12 Score: 0.42	<p><b>1. National Agency for food and Drug Administration Control (NAFDAC)</b> - <a href="https://www.nafdac.gov.ng/">https://www.nafdac.gov.ng/</a></p> <p><b>2. National Institute for Pharmaceutical Research and Development (NIPRD)</b> - <a href="https://www.niprd.gov.ng/">https://www.niprd.gov.ng/</a></p>	There exist national organizations saddled with the responsibility of timely and effective formal regulatory and registration process of new products, technologies, and solutions. However, they are not specific to HIV/AIDS.
<b>Policies and Governance Score: 6.16</b>				
<p><b>3. Civil Society Engagement:</b> Local civil society is an active partner in the HIV/AIDS response through service delivery provision when appropriate, advocacy efforts as needed, and as a key stakeholder to inform the national HIV/AIDS response. There are mechanisms for civil society to review and provide feedback regarding public programs, services and fiscal management and civil society is able to hold government institutions accountable for the use of HIV/AIDS funds and for the results of their actions.</p>			<b>Data Source</b>	<b>Notes/Comments</b>
<p><b>3.1 Civil Society and Accountability for HIV/AIDS:</b> Are there any laws or policies that restrict civil society from playing an oversight role in the HIV/AIDS response?</p>	<p><input type="radio"/> A. There exists a law or laws that restrict civil society from playing an oversight role in the HIV/AIDS response.</p> <p><input type="radio"/> B. There are no laws that restrict civil society playing a role in providing oversight of the HIV/AIDS response but in practice, it does not happen.</p> <p><input checked="" type="radio"/> C. There are no laws or policies that prevent civil society from providing an oversight of the HIV/AIDS response and civil society is very actively engaged in providing oversight.</p>	3.1 Score: 1.67	CSO Accountability Forum Report	CSO Accountability Forum has been in place since 2017 and there is plan for 2021 in November, 2021. However, there is need to promptly circulate the report of the sessions to stakeholders. To enhance stakeholder engagement and follow-up with the findings and recommendations of the Forum, the Coalition should lead the CSO Accountability Forum with NEPWHAN hosting the Secretariat such that the recommendations targetted at various stakeholders would be communicated through NEPWHAN which is registered and known entity within the national response among all stakeholders. Recommendations from the sessions should be disseminated to targeted stakeholders with specific advocacy messages for action.
	<p>Check A, B, or C; if C checked, select appropriate disaggregates:</p> <p><input type="radio"/> A. There are no formal channels or opportunities.</p> <p><input type="radio"/> B. There are formal channels or opportunities, but civil society is called upon in an ad hoc manner to provide inputs and feedback.</p>	3.2 Score: 1.67	CSO Accountability Forum Report	The Expanded Theme Group (ETG) meetings and CSO Accountability Forum are used to solicit feedback on implementation processes. However, the ETG is not as vibrant as it used to be with irregular meetings and low participation by stakeholders. There is need to admit more CSOs into the forum for visibility. Follow up on issues raised for feedback is sub-optimal, especially on the part of NACA. There is the

<p><b>3.2 Government Channels and Opportunities for Civil Society Engagement:</b> Does host country government have formal channels or opportunities for diverse civil society groups to engage and provide feedback on its HIV/AIDS policies, programs, and services (not including Global Fund CCM civil society engagement requirements)?</p>	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> C. There are functional formal channels and opportunities for civil society engagement and feedback. Check all that apply: <ul style="list-style-type: none"> <li><input type="checkbox"/> During strategic and annual planning</li> <li><input type="checkbox"/> In joint annual program reviews</li> <li><input type="checkbox"/> For policy development</li> <li><input type="checkbox"/> As members of technical working groups</li> <li><input type="checkbox"/> Involvement on government HIV/AIDS program evaluation teams</li> <li><input type="checkbox"/> Involvement in surveys/studies</li> <li><input type="checkbox"/> Collecting and reporting on client feedback</li> <li><input type="checkbox"/> Service delivery</li> </ul> </li> </ul>			<p>need to make the ETG more vibrant and and ensure meetings are held regularly as it was in the past.</p> <p>Call centres exist in the country but the stakeholder feedback on issues raised and questions asked at the call centres are not followed up on. A clear mechanism for feedback is required to enhance the utility of the call centres</p>
<p><b>3.3 Impact of Civil Society Engagement:</b> Does civil society engagement substantively impact policy, programming, and budget decisions related to HIV/AIDS?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> A. Civil society does not actively engage, or civil society engagement does not impact policy, programming, and budget decisions related to HIV/AIDS.</li> <li><input checked="" type="radio"/> B. Civil society's engagement impacts HIV/AIDS policy, programming, and budget decisions (check all that apply): <ul style="list-style-type: none"> <li><input type="checkbox"/> In policy design</li> <li><input type="checkbox"/> In programmatic decision making</li> <li><input type="checkbox"/> In technical decision making</li> <li><input type="checkbox"/> In service delivery</li> <li><input type="checkbox"/> In HIV/AIDS basket or national health financing decisions</li> </ul> </li> </ul>	<p>3.3 Score: 1.33</p>		<p>No representative of CSO on the board of the HIV Trust Fund. CSO participation in technical decision making is limited and it is usually dominated by implementing partners, donor agencies and government. CSOs are not involved in the budget processes of the government.</p>
<p><b>3.4 Domestic Funding of Civil Society:</b> To what extent are HIV/AIDS related Civil Society Organizations funded domestically (either from government, private sector, or self generated funds)?</p> <p>(if exact or approximate overall percentage known, or the percentages from the various domestic sources, please note in Comments column)</p>	<ul style="list-style-type: none"> <li><input type="radio"/> A. No funding (0%) for HIV/AIDS related civil society organizations comes from domestic sources.</li> <li><input checked="" type="radio"/> B. Minimal funding (approx. 1-9%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients).</li> <li><input type="radio"/> C. Some funding (approx. 10-49%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients).</li> <li><input type="radio"/> D. Most funding (approx. 50-99%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients).</li> <li><input type="radio"/> E. All or almost all funding (approx. 90%+) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients).</li> </ul>	<p>3.4 Score: 0.83</p>		<p>No known domestic funding source for the Civil Society. However, government, through NACA, provides minimal office support to NEPWHAN. No funding for coordination and programs implementation for CSOs.</p>
<p><b>3.5 Civil Society Enabling Environment:</b> Are there laws, policies, or regulations in place which permit CSOs to be funded from a government budget for HIV services through open competition (from any Ministry or Department, at any level - national, regional, or local)?</p> <p>Note: This sometimes referred to as "social contracting" or "social procurement."</p>	<ul style="list-style-type: none"> <li><input type="radio"/> A. There is no law, policy, or regulation which permits CSOs to be funded from a government budget for HIV services through open competition (not to include Global Fund or other donor funding to government that goes to CSOs).</li> <li><input checked="" type="radio"/> B. There is a law, policy or regulation which permits CSOs to be funded from a government budget for HIV services. Check all that apply: <ul style="list-style-type: none"> <li><input type="checkbox"/> Competition is open and transparent (notices of opportunities are made public)</li> <li><input type="checkbox"/> Opportunities for CSO funding are made on an annual basis</li> <li><input type="checkbox"/> Awards are made in a timely manner (within 6-12 months of announcements)</li> <li><input type="checkbox"/> Payments are made to CSOs on time for provision of services</li> </ul> </li> </ul>	<p>3.5 Score: 1.04</p>		<p>The Public Procurement Act (2007) allows every registered legal entity including CSOs to bid for public contracts through a competitive process. Payment is made subject to availability of funds.</p> <p>It was suggested that some projects should be limited to CSOs only (to create capacity opportunities for these groups).</p> <p>The realisation is that opportunities have been rare especially for CSOs in HIV.</p>
<p><b>Civil Society Engagement Score: 6.54</b></p>				

<p><b>4. Private Sector Engagement:</b> Global as well as local private sector (both private health care providers and private business) is an active partner in the HIV/AIDS response through service delivery provision when appropriate, advocacy efforts as needed, innovation, and as a key stakeholder to inform the national HIV/AIDS response. There are supportive policies and mechanisms for the private sector to engage and to review and provide feedback regarding public programs, services and fiscal management of the national HIV/AIDS response. The public uses the private sector for HIV service delivery at a similar level as other health care needs.</p>	Data Source	Notes/Comments
<p><b>4.1 Government Channels and Opportunities for Private Sector Engagement:</b> Does the host country government have formal channels and opportunities for diverse private sector entities (including service delivery, corporations, and private training institutions) to engage and provide feedback on its HIV/AIDS policies, programs, and services?</p> <p>(If option B is true, check all subsequent boxes that apply.)</p>	<p>4.1 Score: 0.97</p> <p><input type="radio"/> A. There are no formal channels or opportunities for private sector engagement.</p> <p><input checked="" type="radio"/> B. There are formal channels or opportunities for private sector engagement.</p> <p>i. The following private sector stakeholders formally contribute input into national or sub-national processes for HIV/AIDS planning and strategic development (check all that apply):</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Corporations</li> <li><input checked="" type="checkbox"/> Employers</li> <li><input type="checkbox"/> Private training institutions</li> <li><input checked="" type="checkbox"/> Private health service delivery providers</li> </ul> <p>ii. Stakeholders contribute in the following ways (check all that apply):</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> The private sector contributes technical expertise into HIV program planning</li> <li><input checked="" type="checkbox"/> Data and strategic input into supply chain management for HIV commodities</li> <li><input checked="" type="checkbox"/> Service delivery and/or client satisfaction data from private service delivery providers is included in health sector and HIV program planning</li> <li><input checked="" type="checkbox"/> Data on staffing in private health service delivery providers</li> <li><input type="checkbox"/> Data on private training institution's human resources for health (HRH) graduates and placements are included in health sector and HIV program planning</li> <li><input type="checkbox"/> For technical advisory on best practices and delivery solutions</li> </ul> <p>iii. The national HIV/AIDS strategic plan explicitly addresses private sector's role in the HIV/AIDS response (check all that apply):</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> The national HIV/AIDS strategic plan has a specific section that specifies the private sector's role in the HIV/AIDS response.</li> <li><input type="checkbox"/> A recent (within past 4 years) market analysis informs the private sector strategy that is included in the HIV/AIDS strategic plan</li> <li><input type="checkbox"/> The government and private sector effectively coordinates and executes a total market approach for HIV service delivery, which accounts for whether people are able and/or willing to pay for HIV services.</li> </ul>	<p>National HIV Trust Fund has been established.</p> <p>Through ETG and NIBUCAA and as members of TWGs, the private sector is engaged in development and review of HIV policies and plans. They also participate in HIV service delivery and impact mitigation by economically empowering PLHIV and VC caregivers. <b>(Market Analysis Report to be sourced)</b>. There is the need to establish coordination structure (PPP) to coordinate total market approach for HIV service delivery. However, there are total market approach initiatives like HIV self-test, ARVs etc</p>
<p><b>4.2 Enabling Environment for Private Corporate Contributions to HIV/AIDS Programming:</b> Does the host country government have systems and policies in place that allow for private corporate contributions to HIV/AIDS programming?</p>	<p>4.2 Score: 1.00</p> <p>Check all that apply:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Tax policies and incentives are designed to encourage corporate social responsibility efforts from companies who are contributing financial commitments and/or non-financial resources (including, but not limited to, product donations, expertise, and employee staff time).</li> <li><input checked="" type="checkbox"/> The host country government has in-house expertise in contracting services to private sector corporations when appropriate and necessary (e.g., transportation and waste management).</li> <li><input type="checkbox"/> The host country government has standards for reporting and sharing data across public and private sectors.</li> </ul>	<p>1. All pharmaceuticals are not VATable; Application of these legislation is limited due to insufficient awareness and poor utilization of information from the regulations.</p> <p>2. The National Government has a strong PPP unit with experience and expertise in contracting services to private sector corporations. Examples include the National Supply Chain Integration Project (NSCIP) and the USG funded GHSC-PSM project .</p> <p>There are linkages and referral networks between onsite workplace programs and public health facilities but they are not strong.</p> <p>3. Nigeria Business Coalition Against AIDS (NIBUCAA) advocates for</p>



	<p><input type="checkbox"/> Regulations help ensure that workplace programs align with the national HIV/AIDS program (e.g., medical leave policies, on-site testing, on-site prevention and education, anti-discrimination policies).</p> <p><input type="checkbox"/> There are strong linkage and referral networks between on-site workplace programs and public health care facilities.</p>		<p></p>
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What allow for building the private sector for health commodity supply chain functions?	<div><input checked="" type="checkbox"/> Data visibility</div> <div><input checked="" type="checkbox"/> Warehousing</div> <div><input type="checkbox"/> Vendor managed inventory model (i.e. direct from suppliers, wholesalers or manufacturers to pharmacies or health facilities)</div> <div><input checked="" type="checkbox"/> Transportation &amp; Delivery</div> <div><input checked="" type="checkbox"/> Waste Management &amp; Return</div>			More domestic investment needed to support and operate national and regional public warehouses.  State specific differences exist with some states possessing vendor managed inventory systems
<b>4.5 Private Sector Capability and Interest:</b> Does the private sector possess the capability to support HIV/AIDS services, and do private sector stakeholders demonstrate interest in supporting the national HIV/AIDS response?	<div><input type="radio"/> A. The host country government does not leverage the skill sets of the private sector for the national HIV/AIDS response.</div> <div><input type="radio"/> B. The private sector does not express interest in or actively seek out opportunities to support the national HIV/AIDS response.</div> <div><input checked="" type="radio"/> C. The private sector has expertise and has expressed interest in or actively seeks out (check all that apply):</div> <div><input checked="" type="checkbox"/> Market opportunities that align with and support the national HIV/AIDS response</div> <div><input checked="" type="checkbox"/> Opportunities to contribute financial and/or non-financial resources to the national response (including business skills, market research, logistics, communication, research and development, product design, brand awareness, and innovation)</div>	4.5 Score: 1.67	<b>1. The Nigeria Business Coalition Against AIDS (NIBUCAA). Avialable online at: <a href="https://nibucaa.org/">https://nibucaa.org/</a></b> <b>2. HIV Trust Fund Avialable online at: <a href="https://www.htfn.org/">https://www.htfn.org/</a></b>	1. Private sector has expressed interest in Market opportunities that support the National Response for instance Condoms, Logistics services and Pharmaceutical Manufacturing services.
<b>4.6 Private Sector Engagement Governance:</b> Is there a national policy, plan, strategy or framework in place for the use of private sector engagement* that is utilized for the HIV/AIDS response?  *Private sector engagement is a strategic approach to planning and programming where country governments consult, strategize, align, collaborate, and implement with the private sector for greater scale, sustainability, and effectiveness to achieve epidemic control.	<div><input type="radio"/> A. There is no national policy, plan, strategy, or framework in place for the use of private sector engagement partnerships that are utilized for the HIV/AIDS response.</div> <div><input type="radio"/> B. There is a national policy, plan, strategy, or framework in place, but it is not being implemented.</div> <div><input checked="" type="radio"/> C. A national policy, plan, strategy, or framework is being implemented and applies to the following areas (check all that apply):</div> <div><input checked="" type="checkbox"/> Service Delivery</div> <div><input checked="" type="checkbox"/> HRH</div> <div><input checked="" type="checkbox"/> Data Systems</div>	4.6 Score: 1.67		Strategies for specific interventions e.g PREP, Condom, PMTCT but no total package for the entiriety of the HIV response
Private Sector Engagement Score: 8.21				
<b>5. Public Access to Information:</b> Host government widely disseminates timely and reliable information on the implementation of HIV/AIDS policies and programs, including goals, progress and challenges towards achieving HIV/AIDS targets, as well as fiscal information (public revenues, budgets, expenditures, large contract awards , etc.) related to HIV/AIDS. Program and audit reports are published publicly. Efforts are made to ensure public has access to data through print distribution, websites, radio or other methods of disseminating information.		Source of Data		Notes/Comments
<b>5.1 Surveillance Data Transparency:</b> Does the host country government ensure that national HIV/AIDS surveillance data and analyses are made available to stakeholders and general public in a timely and useful way?	<div><input type="radio"/> A. The host country government does not make HIV/AIDS surveillance data available to stakeholders and the general public, or they are made available more than one year after the date of collection.</div> <div><input type="radio"/> B. The host country government makes HIV/AIDS surveillance data available to stakeholders and the general public within 6-12 months.</div> <div><input checked="" type="radio"/> C. The host country government makes HIV/AIDS surveillance data available to stakeholders and the general public within six months.</div>	5.1 Score: 2.00	<b>1. The National HIV/AIDS Indicator and Impact Survey (NAIIS), 2019.</b> Available at: <a href="https://www.naiis.ng/resource/factsheet/">https:// www.naiis.ng/ resource/factsheet/</a> . <b>2. Federal Ministry of Health, Nigeria (2014), 'Integrated Biological and Behavioural Surveillance Survey (IBBSS)', Available from: <a href="https://naca.gov.ng/final-nigeria-ibbss-2014-report/">https://naca.gov.ng/final-nigeria-ibbss-2014-report/</a></b>	NASCP through monthly newsletter updates the public on HIV/AIDS Surveillance.

<p><b>5.2 Expenditure Transparency:</b> Does the host country government make annual HIV/AIDS expenditure data available to stakeholders and the public in a timely and useful way?</p>	<p><input type="radio"/> A. The host country government does not track HIV/AIDS expenditures.</p> <p><input checked="" type="radio"/> B. The host country government does not make HIV/AIDS expenditure data available to stakeholders and the general public, or they are made available more than one year after the date of expenditures.</p> <p><input type="radio"/> C. The host country government makes HIV/AIDS expenditure data available to stakeholders and the general public within 6-12 months after date of expenditures.</p> <p><input type="radio"/> D. The host country government makes HIV/AIDS expenditure data available to stakeholders and the general public within six months after expenditures.</p>	<p>5.2 Score: 0.00</p>	<p>The National AIDS Spending Assessment reports are produced more than one year after the date of expenditures. There is a lack of routine resource tracking mechanisms. NASA provides the framework for tracking even though with challenges such as delays and missing out on reporting timelines. Eg 2019 Report combined 3 years reports of 2016, 2017, 2018.</p>
<p><b>5.3 Performance and Service Delivery Transparency:</b> Does the host country government make annual HIV/AIDS program performance and service delivery data available to stakeholders and the public in a timely and useful way?</p>	<p><input type="radio"/> A. The host country government does not make HIV/AIDS program performance and service delivery data available to stakeholders and the general public or they are made available more than one year after the date of programming.</p> <p><input type="radio"/> B. The host country government makes HIV/AIDS program performance and service delivery data available to stakeholders and the general public within 6-12 months after date of programming.</p> <p><input checked="" type="radio"/> C. The host country government makes HIV/AIDS program performance and service delivery data available to stakeholders and the general public within six months after date of programming .</p> <p>At what level of detail is this performance data reported? [CHECK ALL THAT APPLY]</p> <p><input type="checkbox"/> National</p> <p><input type="checkbox"/> District</p> <p><input type="checkbox"/> Site-Level</p>	<p>5.3 Score: 1.56</p>	
<p><b>5.4 Procurement Transparency:</b> Does the host country government make government HIV/AIDS procurements public in a timely way?</p>	<p><input type="radio"/> A. The host country government does not make any HIV/AIDS procurements.</p> <p><input type="radio"/> B. The host country government makes HIV/AIDS procurements, but neither procurement tender nor award details are publicly available.</p> <p><input checked="" type="radio"/> C. The host country government makes HIV/AIDS procurements, and tender, but not award, details are publicly available.</p> <p><input type="radio"/> D. The host country government makes HIV/AIDS procurements, and both tender and award details available.</p>	<p>5.4 Score: 1.00</p>	<p><b>1. National Agency For The Control Of AIDS (NACA) –"Request For Expression of Interest for the Selection of a Technical Services Organisation for the Strengthening of the Nigerian National Health Management Information System (NHMIS)", (Nov 2017)</b>  <a href="http://eventsng.tk/blog/2017/11/27/national-agency-for-the-control-of-aids-naca-request-for-expression-of-interest-for-the-selection-of-a-technical-services-organisation-for-the-strengthening-of-the-nigerian-national-health/">http://eventsng.tk/blog/2017/11/27/national-agency-for-the-control-of-aids-naca-request-for-expression-of-interest-for-the-selection-of-a-technical-services-organisation-for-the-strengthening-of-the-nigerian-national-health/</a></p> <p><b>2. Public Procurement Act (2007)</b>, Available online from:  <a href="http://www.bpp.gov.ng/index.php?option=com_joomdoc&amp;view=documents&amp;path=Public+Procurement+Act+2007pdf.pdf">http://www.bpp.gov.ng/index.php?option=com_joomdoc&amp;view=documents&amp;path=Public+Procurement+Act+2007pdf.pdf</a></p> <p>1. Tenders are advertised in National dailies.</p> <p>2. Change from SID 3.0 - A deeper review of the Procurement Act reveals that there are no explicit requirements to make procurement awards details public. They may be however accessible from the appropriate sources on request. There is also a Freedom of Information (Fol) Act in place that mandates the government agencies to provide any unclassified information to the general public on request. However, the implementation of this Fol Act has been very limited.</p>
<p><b>5.5 Institutionalized Education System:</b> Is there a government agency that is explicitly responsible for providing scientifically accurate education to the public about HIV/AIDS?</p>	<p><input type="radio"/> A. There is no government institution that is responsible for this function and no other groups provide education.</p> <p><input type="radio"/> B. There is no government institution that is responsible for this function but at least one of the following provides education:</p> <p><input type="checkbox"/> Civil society</p> <p><input type="checkbox"/> Media</p> <p><input type="checkbox"/> Private sector</p> <p><input checked="" type="radio"/> C. There is a government institution that is responsible for, and is providing, scientifically accurate information on HIV/AIDS.</p>	<p>5.5 Score: 2.00</p>	<p>NACA is responsible for providing scientifically accurate education to the public about HIV/AIDS. The timeliness can be improved.</p>
Public Access to Information Score: 6.56			

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN A

Domain B. National Health System and Service Delivery				
<b>What Success Looks Like:</b> Host country institutions (inclusive of government, NGOs, civil society, and the private sector), the domestic workforce, and local health systems constitute the primary vehicles through which HIV/AIDS programs and services are managed and delivered. Optimally, national, sub-national and local governments have achieved high and appropriate coverage of a range of quality, life-saving prevention, treatment, and care services and interventions. There is a high demand for HIV/AIDS services, which are accessible and affordable to poor and vulnerable populations at risk of infection (i.e. all key populations, discordant couples, exposed infants), are infected and/or are affected by the HIV/AIDS epidemic.				
<b>6. Service Delivery:</b> The host country government at national, sub-national and facility levels facilitates planning and management of, access to and linkages between facility- and community-based HIV services.		Data Source		Notes/Comments
<b>6.1 Responsiveness of facility-based services to demand for HIV services:</b> Do public facilities respond to and generate demand for HIV services to meet local needs? (Check all that apply.)	<input checked="" type="checkbox"/> Public facilities are able to tailor services to accommodate demand (e.g., modify or add hours/days of operations; add/second additional staff during periods of high patient influx; customize scope of HIV services offered; adapt organization/model of service deliver to patient flow) <input checked="" type="checkbox"/> Public facilities are able to situate services in proximity to high-HIV burden locations or populations (e.g., mobile clinics) <input checked="" type="checkbox"/> There is evidence that public facilities in high burden areas and/or serving high-burden populations generate demand for HIV services	6.1 Score: 0.95	<b>1. Federal Ministry of Health (2017) National Guidelines for HIV Prevention Treatment and Care.</b> Available at: <a href="http://apps.who.int/medicinedocs/documents/s23252en/s23252en.pdf">http://apps.who.int/medicinedocs/documents/s23252en/s23252en.pdf</a>	<i>The differentiated care model was strengthened due to the COVID situation</i>
<b>6.2 Responsiveness of community-based HIV/AIDS services:</b> Has the host country standardized the design and implementation of community-based HIV services? (Check all that apply.)	The host country has standardized the following design and implementation components of community-based HIV/AIDS services through (check all that apply): <input checked="" type="checkbox"/> Formalized mechanisms of participation by communities, high-burden populations and/or civil society engagement in delivery or oversight of services <input checked="" type="checkbox"/> National guidelines detailing how to operationalize HIV/AIDS services in communities <input checked="" type="checkbox"/> Providing official recognition to skilled human resources (e.g. community health workers) working and delivering HIV services in communities <input checked="" type="checkbox"/> Providing financial support for community-based services <input checked="" type="checkbox"/> Providing supply chain support for community-based services <input checked="" type="checkbox"/> Supporting linkages between facility- and community-based services through formalized bidirectional referral services (e.g., use of national reporting systems to refer and monitor referrals for completeness)	6.2 Score: 0.95	<b>1) Federal Ministry of Health (2017) National Guidelines for HIV Prevention Treatment And Care.</b> Available at: <a href="http://apps.who.int/medicinedocs/documents/s23252en/s23252en.pdf">http://apps.who.int/medicinedocs/documents/s23252en/s23252en.pdf</a>  <b>2) Federal Ministry of Health (2014) Task-Shifting and Task-sharing Policy for essential Health Care Services in Nigeria.</b> Available at: <a href="http://www.health.gov.ng/doc/TSTS.pdf">http://www.health.gov.ng/doc/TSTS.pdf</a>	<i>CLM national framework as a reference to be added to the commentary. With reference to Funding - For funding support is focused on high burden. Change the name of the health of partners management</i>
<b>6.3 Domestic Financing of Service Delivery:</b> To what extent do host country institutions (public, private, or voluntary sector) finance the delivery of HIV/AIDS services (i.e. excluding any external financial assistance from donors)?  (if exact or approximate percentage known, please note in Comments column)	<input type="radio"/> A. Host country institutions provide no (0%) financing for delivery of HIV/AIDS services <input type="radio"/> B. Host country institutions provide minimal (approx. 1-9%) financing for delivery of HIV/AIDS services <input checked="" type="radio"/> C. Host country institutions provide some (approx. 10-49%) financing for delivery of HIV/AIDS services <input type="radio"/> D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services <input type="radio"/> E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services	6.3 Score: 0.83	<b>1. National Agency for the Control of AIDS (2013) National AIDS spending assessment report (NASA).</b> Available at: <a href="http://www.unaids.org/sites/default/files/media/documents/Nigeria_NASA_2013.pdf">http://www.unaids.org/sites/default/files/media/documents/Nigeria_NASA_2013.pdf</a>	<i>The provision of infrastructure, some commodities, human resource from the government provides good reference to funding for HIV service deliveries. Reference from the updated National AIDS spending assessment report</i>
<b>6.4 Domestic Provision of Service Delivery:</b> To what extent do host country institutions (public, private, or voluntary sector) deliver HIV/AIDS services without external technical assistance from donors?	<input type="radio"/> A. HIV/AIDS services are primarily delivered by external agencies, organizations, or institutions. <input checked="" type="radio"/> B. Host country institutions deliver HIV/AIDS services but with substantial external technical assistance. <input type="radio"/> C. Host country institutions deliver HIV/AIDS services with some external technical assistance. <input type="radio"/> D. Host country institutions deliver HIV/AIDS services with minimal or no external technical assistance.	6.4 Score: 0.32	We need to incorporate the KP Guide here	
<b>6.5 Domestic Financing of Service Delivery for Key Populations:</b> To what extent do host country institutions (public, private, or voluntary sector) finance the delivery of HIV/AIDS services to all epidemiologically significant key populations (i.e. without external financial	<input type="radio"/> A. Host country institutions provide no or minimal (0%) financing for delivery of HIV/AIDS services to key populations, or information is not available. <input checked="" type="radio"/> B. Host country institutions provide minimal (approx. 1-9%) financing for delivery of HIV/AIDS services to key populations. <input type="radio"/> C. Host country institutions provide some (approx. 10-49%) financing for delivery of HIV/AIDS services to key populations.	6.5 Score: 0.42	<b>1. National Agency for the Control of AIDS (2019) National AIDS spending assessment report (NASA).</b> Available on request.	<i>The updated NASA report to be added here</i>

assistance from donors?  (if exact or approximate percentage known, please note in Comments column)	<input type="radio"/> D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services to key populations.  <input type="radio"/> E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services to key populations.			
<b>6.6 Domestic Provision of Service Delivery for all epidemiologically significant Key Populations:</b> To what extent do host country institutions (public, private, or voluntary sector) deliver HIV/AIDS services to key populations without external technical assistance from donors?	<input type="radio"/> A. HIV/AIDS services to key populations are primarily delivered by external agencies, organizations, or institutions.  <input checked="" type="radio"/> B. Host country institutions deliver HIV/AIDS services to key populations but with substantial external technical assistance.  <input type="radio"/> C. Host country institutions deliver HIV/AIDS services to key populations with some external technical assistance.  <input type="radio"/> D. Host country institutions deliver HIV/AIDS services to key populations with minimal or no external technical assistance.	6.6 Score:	0.32	<b>1. National Agency for the Control of AIDS (2019) National AIDS spending assessment report (NASA).</b> Available on request.  <i>There are KP friendly public health facilities in existence</i>
<b>6.7 Management and Monitoring of HIV Service Delivery:</b> Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, and provide guidance - for HIV service delivery activities including practice standards, quality, health outcomes, and information monitoring across all sectors. <u>Select only ONE answer.</u>	<input type="radio"/> A. No, there is no entity.  <input type="radio"/> B. Yes, there is an entity, but it has limited authority, insufficient staff, and insufficient budget.  <input checked="" type="radio"/> C. Yes, there is an entity with authority and sufficient staff, but not a sufficient budget.  <input type="radio"/> D. Yes, there is an entity with authority and sufficient staff and budget.	6.7 Score:	0.63	<i>The human resource is sufficient at the national level with limited funding to meet all planned activities. However, at the subnational level the HR is</i>
<b>6.8 National Service Delivery Capacity:</b> Do national health authorities have the capacity to effectively plan and manage HIV services?	National health authorities (check all that apply):  <input type="checkbox"/> Translate national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities.  <input type="checkbox"/> Use epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations.  <input type="checkbox"/> Assess current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations.  <input type="checkbox"/> Develop sub-national level budgets that allocate resources to high burden service delivery locations.  <input type="checkbox"/> Effectively engage with civil society in program planning and evaluation of services.  <input type="checkbox"/> Design a staff performance management plan to assure that staff working at high burden sites maintain good clinical and technical skills, such as through training and/or	6.8 Score:	0.79	<b>1. National Agency for the Control of AIDS (2013) National Strategic Plan 2017-2021.</b> Available at: <a href="https://naca.gov.ng/national-strategic-framework-nsf-2017-2021-draft-request-comments/">https://naca.gov.ng/national-strategic-framework-nsf-2017-2021-draft-request-comments/</a>  <i>Since the NAIIS report government have conducted HR needs. The country have been divided into high burden and low burden locations.</i>
<b>6.9 Sub-national Service Delivery Capacity:</b> Do sub-national health authorities (i.e., district, provincial) have the capacity to effectively plan and manage HIV services sufficiently to achieve sustainable epidemic control?	Sub-national health authorities (check all that apply):  <input type="checkbox"/> Translate national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities.  <input type="checkbox"/> Use epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations.  <input type="checkbox"/> Assess current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations.  <input type="checkbox"/> Develop sub-national level budgets that allocate resources to high burden service delivery locations.  <input type="checkbox"/> Effectively engage with civil society in program planning and evaluation of services.  <input type="checkbox"/> Design a staff performance management plan to assure that staff working at high burden sites maintain good clinical and technical skills, such as through training and/or mentorship.	6.9 Score:	0.79	<b>1. State-Level Operational Plans for Elimination of Mother-to-Child Transmission of HIV in Nigeria, 2013–2015.</b> Available online from: <a href="https://www.fhi360.org/resource/state-level-operational-plans-elimination-mother-child-transmission-hiv-nigeria-2013%E2%80%932015">https://www.fhi360.org/resource/state-level-operational-plans-elimination-mother-child-transmission-hiv-nigeria-2013%E2%80%932015</a>  <i>A deep dive of the NAIIS shows a disaggregated data for each state. These data was used to assess the needs across each state and LGAs. Including data from the HIV State Strategic Plans 2021 - 2025 across the 36 states + FCT</i>
<b>Service Delivery Score</b>		<b>6.01</b>		

<p><b>7. Health Workforce:</b> Health workforce staffing decisions for those working on HIV/AIDS are based on use of workforce data and are aligned with national plans. Host country has sufficient numbers and categories of competent health care workers and volunteers to provide quality HIV/AIDS prevention, care and treatment services in health facilities and in the community. Host country trains, deploys and compensates health workers providing HIV/AIDS services through local public and/or private resources and systems. Host country has a strategy or plan for transitioning staff funded by donors.</p>			Data Source	Notes/Comments
<p><b>7.1 Health Workforce Supply:</b> To what extent is the clinical health worker supply adequate to enable the volume and quality of HIV/AIDS services needed for sustained epidemic control at the facility and/or community site level?</p>	<p>Check all that apply:</p> <p><input type="checkbox"/> The country's pre-service education institutions are producing an adequate supply and skills mix of clinical health care providers</p> <p><input type="checkbox"/> The country's clinical health workers are adequately deployed to, or distributed within, facilities and communities with high HIV burden</p> <p><input type="checkbox"/> The country has developed retention schemes that address clinical health worker vacancy or attrition in high HIV burden areas</p> <p><input type="checkbox"/> The country's pre-service education institutions are producing an adequate supply and appropriate skills mix of social service workers to deliver social services to vulnerable children</p>	<p>7.1 Score: 0.00</p>		
<p><b>7.2 Role of Community-based Health Workers (CHWs):</b> To what extent are community-based health workers' roles and responsibilities specified for HIV/AIDS service delivery?</p>	<p>Check all that apply:</p> <p><input type="checkbox"/> There is a national community-based health worker (CHW) cadre that has a defined role in HIV/AIDS service delivery (e.g., through a national strategy or task-sharing framework/guidelines).</p> <p><input type="checkbox"/> Data are made available on the staffing and deployment of CHWs, including non-formalized CHWs supported by donors.</p> <p><input type="checkbox"/> The host country government officially recognizes non-formalized CHWs delivering HIV/AIDS services.</p>	<p>7.2 Score: 0.95</p>	<p><b>1. Federal Ministry of Health (2014) Task-Shifting and Task-sharing Policy for essential Health Care Services in Nigeria.</b> Available at: <a href="http://www.health.gov.ng/doc/TSTS.pdf">http://www.health.gov.ng/doc/TSTS.pdf</a></p>	<p>TBLS, CHIPS programs. Data on deployment of non-formalized CHWs are available by donor</p>
<p><b>7.3 Health Workforce Transition:</b> What is the status of transitioning PEPFAR and/or other donor supported HIV/AIDS health worker salaries to local financing/compensation?</p> <p>Note in comments column which donors have transition plans in place and timeline for transition.</p>	<p><input type="radio"/> A. There is no inventory or plan for transition of donor-supported health workers</p> <p><input checked="" type="radio"/> B. There is an inventory of donor-supported health workers, but no official plan to transition these staff to local support</p> <p><input type="radio"/> C. There is an inventory and plan for transition of donor-supported workers, but it has not yet been implemented</p> <p><input type="radio"/> D. There is an inventory and plan for donor-supported workers to be transitioned, and staff are being transitioned according to this plan</p> <p><input type="radio"/> E. No plan is necessary because all HIV/AIDS health worker salaries are already locally financed/compensated</p>	<p>7.3 Score: 0.24</p>	<p>Add the transition and alignment report here</p>	<p>There is an HRH inventory from PEPFAR IPS. PEPFAR and GON Transition and alignment report 2020</p>
<p><b>7.4 Domestic Funding for Health Workforce:</b> What proportion of health worker (doctors, nurses, midwives, and CHW) salaries are supported with domestic public or private resources (i.e. excluding donor resources)?</p> <p>(If exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. Host country institutions provide no (0%) health worker salaries</p> <p><input type="radio"/> B. Host country institutions provide minimal (approx. 1-9%) health worker salaries</p> <p><input type="radio"/> C. Host country institutions provide some (approx. 10-49%) health worker salaries</p> <p><input type="radio"/> D. Host country institutions provide most (approx. 50-89%) health worker salaries</p> <p><input checked="" type="radio"/> E. Host country institutions provide all or almost all (approx. 90%+) health worker salaries</p>	<p>7.4 Score: 3.33</p>	<p><b>1. Federal Ministry of Health (2015) Global AIDS Response Country Progress Report</b>  <a href="https://www.unaids.org/sites/default/files/country/documents/NGA_narrative_report_2015.pdf">https://www.unaids.org/sites/default/files/country/documents/NGA_narrative_report_2015.pdf</a></p>	
<p><b>7.5 Pre-service Training:</b> Do current pre-service education curricula for any health workers providing HIV/AIDS services include HIV content that has been updated in last three years?</p> <p>Note: List applicable cadres in the comments column.</p>	<p><input checked="" type="radio"/> A. Pre-service education institutions do not have HIV content, or HIV content used by pre-service education institutions is out of date (not updated within 3 years)</p> <p><input type="radio"/> B. Pre-service institutions have updated HIV/AIDS content within the last three years (check all that apply):</p> <p><input type="checkbox"/> Updated content reflects national standards of practice for cadres offering HIV/AIDS-related services</p> <p><input type="checkbox"/> Institutions maintain process for continuously updating content, including HIV/AIDS content</p> <p><input type="checkbox"/> Updated curricula contain training related to stigma &amp; discrimination of PLHIV</p>	<p>7.5 Score: 0.00</p>		<p>There are no formalized pre-service education institutions</p>

	<input type="checkbox"/> Institutions track student employment after graduation to inform planning			
<p><b>7.6 In-service Training:</b> To what extent does the host country government (through public, private, and/or voluntary sectors) plan and implement HIV/AIDS in-service training necessary to equip health workers for sustained epidemic control?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p>Check all that apply among A, B, C, D:</p> <p><input checked="" type="checkbox"/> A. The host country government provides the following support for in-service training in the country (check ONE):</p> <p><input type="checkbox"/> Host country government implements no (0%) HIV/AIDS related in-service training</p> <p><input type="checkbox"/> Host country government implements minimal (approx. 1-9%) HIV/AIDS related in-service training</p> <p><input checked="" type="checkbox"/> Host country government implements some (approx. 10-49%) HIV/AIDS in-service training</p> <p><input type="checkbox"/> Host country government implements most (approx. 50-89%) HIV/AIDS in-service training</p> <p><input type="checkbox"/> Host country government implements all or almost all (approx. 90%+) HIV/AIDS in-service training</p> <p><input type="checkbox"/> B. The host country government has a national plan for institutionalizing (establishing capacity within local institutions to deliver) donor-supported in-service training in HIV/AIDS</p> <p><input checked="" type="checkbox"/> C. The host country government requires continuing professional development, a form of in-service training, for re-licensure for key clinicians</p> <p><input type="checkbox"/> D. The host country government maintains a database to track training for HIV/AIDS, and allocates training based on need (e.g. focusing on high burden areas)</p>	7.6 Score: 0.36	<p><b>1. Nigeria Medical and Dental Council, (2007), 'CPD Guidelines'. [Webpage]. Available from:</b> <a href="https://www.mdcn.gov.ng/page/cpd-guidelines">https://www.mdcn.gov.ng/page/cpd-guidelines</a></p> <p><b>2. Nursing and Midwifery Council of Nigeria: Requirements for renewal of annual license. [Webpage]. Available from:</b> <a href="http://nmcnigeria.org/portal/index.php/2014-05-21-12-23-05/2014-05-21-12-23-39/2014-05-21-12-26-56">http://nmcnigeria.org/portal/index.php/2014-05-21-12-23-05/2014-05-21-12-23-39/2014-05-21-12-26-56</a></p>	
<p><b>7.7 Health Workforce Data Collection and Use:</b> Does the country systematically collect and use health workforce data, such as through a Human Resource Information Systems (HRIS), for HIV/AIDS services and/or health workforce planning and management?</p>	<p><input type="radio"/> A. There is no HRIS in country and data on the health workforce is not collected systematically for planning and management</p> <p><input checked="" type="radio"/> B. There is no HRIS in country, but some data is collected for planning and management</p> <p><input checked="" type="checkbox"/> Registration and re-licensure data for key professionals is collected and used for planning and management</p> <p><input checked="" type="checkbox"/> MOH health worker employee data (number, cadre, and location of employment) is collected and used</p> <p><input checked="" type="checkbox"/> Routine assessments are conducted regarding health worker staffing at health facility and/or community sites</p> <p><input type="radio"/> C. There is an HRIS (an interoperable system that captures at least regulatory and deployment data on health workers) in country:</p> <p><input type="checkbox"/> The HRIS is primarily financed and managed by host country institutions</p> <p><input type="checkbox"/> There is a national strategy or approach to interoperability for HRIS</p> <p><input type="checkbox"/> The government produces HR data from the system at least annually</p> <p><input type="checkbox"/> Host country institutions use HR data from the system for planning and management (e.g. health worker deployment)</p>	7.7 Score: 0.48	<p><b>1. Federal Ministry of Health, (2007), National Human Resources for Health Strategic Plan 2008 - 2012. Nigeria. [Online]. Available from:</b> <a href="http://www.who.int/workforcealliance/countries/Nigeria_HRHStrategicPlan_2008_2012.pdf">http://www.who.int/workforcealliance/countries/Nigeria_HRHStrategicPlan_2008_2012.pdf</a></p> <p><b>2. Labiran, A., Mafe, M., Onajole, B. &amp; Lambo, E. (2008), 'Health Workforce Country Profile for Nigeria'. Africa Heal Workforce Observatory. [Online]. Available from:</b> <a href="http://www.hrh-observatory.afro.who.int/images/Document_Centre/nigeria_country_profile.pdf">http://www.hrh-observatory.afro.who.int/images/Document_Centre/nigeria_country_profile.pdf</a></p>	
<p><b>7.8 Management and Monitoring of Health Workforce</b> Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, and provide guidance - for health workforce activities in HIV service delivery sites, including training, supervision, deployments, quality assurance, and others across all sectors. <u>Select only ONE answer.</u></p>	<p><input type="radio"/> A. No, there is no entity.</p> <p><input type="radio"/> B. Yes, there is an entity, but it has limited authority, insufficient staff, and insufficient budget</p> <p><input checked="" type="radio"/> C. Yes, there is an entity with authority and sufficient staff, but not a sufficient budget.</p> <p><input type="radio"/> D. Yes, there is an entity with authority and sufficient staff and budget.</p>	7.8 Score: 0.63		<i>Available with no adequate funding</i>
<b>Health Workforce Score:</b>		<b>5.99</b>		
<p><b>8. Commodity Security and Supply Chain:</b> The National HIV/AIDS response ensures a secure, reliable and adequate supply and distribution of quality products, including drugs, lab and medical supplies, health items, and equipment required for effective and efficient HIV/AIDS prevention, diagnosis and treatment. Host country efficiently manages product selection, forecasting and supply planning, procurement, warehousing and inventory management, transportation, dispensing and waste management reducing costs while maintaining quality.</p>			<b>Data Source</b>	<b>Notes/Comments</b>



<p><b>8.1 ARV Domestic Financing:</b> What is the estimated percentage of ARV procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds)</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not known.</p> <p><input type="radio"/> B. No (0%) funding from domestic sources</p> <p><input checked="" type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources</p> <p><input type="radio"/> D. Some (approx. 10-49%) funded from domestic sources</p> <p><input type="radio"/> E. Most (approx. 50 – 89%) funded from domestic sources</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources</p>	8.1 Score:	0.21	<p>1. National HIV/AIDS Commodities Stock Status Report</p> <p>2. National HIV/AIDS ARVs &amp; OIs Quantification Report</p> <p>3. National Lab Commodities Quantification Report</p>	<p><i>Availability of annual budget provision for the procurement of 3rd line ARVs and INH 300mg</i></p>
<p><b>8.2 Test Kit Domestic Financing:</b> What is the estimated percentage of HIV Rapid Test Kit procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds)</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not known</p> <p><input type="radio"/> B. No (0%) funding from domestic sources</p> <p><input type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources</p> <p><input checked="" type="radio"/> D. Some (approx. 10-49%) funded from domestic sources</p> <p><input type="radio"/> E. Most (approx. 50-89%) funded from domestic sources</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources</p>	8.2 Score:	0.42	<p>1. National HIV/AIDS Commodities Stock Status Report</p> <p>2. National Lab Commodities Quantification Report</p> <p>3. State level Stock Status Reports</p>	<p><i>Availability of annual budget provision for the procurement of 3rd line ARVs and INH 300mg</i></p>
<p><b>8.3 Condom Domestic Financing:</b> What is the estimated percentage of condom procurement funded by domestic (not donor) sources?</p> <p><i>Note: The denominator should be the supply of free or subsidized condoms provided to public or private sector health facilities or community based programs.</i></p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not known</p> <p><input type="radio"/> B. No (0%) funding from domestic sources</p> <p><input checked="" type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources</p> <p><input type="radio"/> D. Some (approx. 10-49%) funded from domestic sources</p> <p><input type="radio"/> E. Most (approx. 50-89%) funded from domestic sources</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources</p>	8.3 Score:	0.21		<p><i>Availability of annual budget provision for the procurement of Condoms</i></p>
<p><b>8.4 Supply Chain Plan:</b> Does the country have an agreed-upon national supply chain plan that guides investments in the supply chain?</p>	<p><input type="radio"/> A. There is no plan or thoroughly annually reviewed supply chain standard operating procedure (SOP).</p> <p><input checked="" type="radio"/> B. There is a plan/SOP that includes the following components (check all that apply):</p> <p><input checked="" type="checkbox"/> Human resources</p> <p><input checked="" type="checkbox"/> Training</p> <p><input checked="" type="checkbox"/> Warehousing</p> <p><input checked="" type="checkbox"/> Distribution</p> <p><input checked="" type="checkbox"/> Reverse Logistics</p> <p><input checked="" type="checkbox"/> Waste management</p> <p><input checked="" type="checkbox"/> Information system</p> <p><input checked="" type="checkbox"/> Procurement</p> <p><input checked="" type="checkbox"/> Forecasting</p> <p><input checked="" type="checkbox"/> Supply planning and supervision</p> <p><input checked="" type="checkbox"/> Site supervision</p>	8.4 Score:	1.67	<p><b>1. The National Supply Chain policy- 2016.</b> The supply chain strategy from 2021-2025. SOPs for Pharmaceuticals and other health commodities.</p> <p><b>2. Itiola, A.J., Agu, K.A. (2018),</b> "Country ownership and sustainability of Nigeria's HIV/AIDS Supply Chain System: qualitative perceptions of progress, challenges and prospects". Journal of Pharm Policy and Practice 11, 21 (2018). Available online at: <a href="https://joppp.biomedcentral.com/articles/10.1186/s40545-018-0148-8#citeas">https://joppp.biomedcentral.com/articles/10.1186/s40545-018-0148-8#citeas</a></p>	
<p><b>8.5 Supply Chain Plan Financing:</b> What is the estimated percentage of financing for the supply chain plan that is provided by domestic sources (i.e. excluding donor funds)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not available.</p> <p><input type="radio"/> B. No (0%) funding from domestic sources.</p> <p><input checked="" type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources.</p> <p><input type="radio"/> D. Some (approx. 10-49%) funding from domestic sources.</p> <p><input type="radio"/> E. Most (approx. 50-89%) funding from domestic sources.</p>	8.5 Score:	0.21	National Quantification Reports (available on request)	<p><i>The annual budget.</i></p>

	<input type="radio"/> F. All or almost all (approx. 90%+) funding from domestic sources.			
<b>8.6 Stock:</b> Does the host country government manage processes and systems that ensure appropriate ARV stock in all levels of the system?	<p>Check all that apply:</p> <div><input checked="" type="checkbox"/> The group making re-supply decisions for ARVs, have timely visibility into the ARV stock on hand at facilities</div> <div><input checked="" type="checkbox"/> Facilities are stocked with ARVs according to plan (above the minimum and below the maximum stock level) 90% of the time</div> <div><input checked="" type="checkbox"/> MOH or other host government personnel make re-supply decisions with minimal external assistance:<div><input type="checkbox"/> Decision makers are not seconded or implementing partner staff</div></div> <div><input type="checkbox"/> Supply chain data are maintained within the Ministry of Health and not solely stored by donor-funded projects</div> <div><input type="checkbox"/> Team that conducts analysis of facility data is at least 50% host government</div>	8.6 Score: 1.67	NHLMIS Platform, specific program reporting tools.Logistics Management Coordinating units(National, State and LGA levels)	
<b>8.7 Assessment:</b> Was an overall score of above 80% achieved on the National Supply Chain Assessment or top quartile for an equivalent assessment conducted within the last three years?  (if exact or approximate percentage known, please note in Comments column)	<div><input type="radio"/> A. A comprehensive assessment has not been done within the last three years.</div> <div><input checked="" type="radio"/> B. A comprehensive assessment has been done within the last three years but the score was lower than 80% (for NSCA) or in the bottom three quartiles for the global average of other equivalent assessments</div> <div><input type="radio"/> C. A comprehensive assessment has been done within the last three years and the score was higher than 80% (for NSCA) or in the top quartile for the assessment</div>	8.7 Score: 0.83	National Supply Chain Assessment Report 2015 (Available on request)	Annual LMCU assessment in 36+1 States.
<b>8.8 Management and Monitoring of Supply Chain:</b> Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, and provide guidance - supply chain activities including forecasting, stock monitoring, logistics and warehousing support, and other forms of information monitoring across all sectors? Select only ONE answer.	<div><input type="radio"/> A. No, there is no entity.</div> <div><input type="radio"/> B. Yes, there is an entity, but it has limited authority, insufficient staff, and insufficient budget</div> <div><input checked="" type="radio"/> C. Yes, there is an entity with authority and sufficient staff, but not a sufficient budget.</div> <div><input type="radio"/> D. Yes, there is an entity with authority and sufficient staff and budget.</div>	8.8 Score: 1.11	<b>Nigeria Supply Chain Integration Project (NSCIP)</b> <a href="https://nscip.gov.ng">https://nscip.gov.ng</a>	NPSCMP is the government entity responsible for the coordination of supply chain activities in Nigeria. Embedded in the NPSCMP are the NWAC (National Warehousing Advisory Committee)and the quantification monitoring team. Also coordinates National and State SC- TWG meetings of all disease program
Commodity Security and Supply Chain Score:		6.32		
<b>9. Quality Management:</b> Host country has institutionalized quality management systems, plans, workforce capacities and other key inputs to ensure that modern quality improvement methodologies are applied to managing and providing HIV/AIDS services			Data Source	Notes/Comments
<b>9.1 Existence of a Quality Management (QM) System:</b> Does the host country government support appropriate QM structures to support continuous quality improvement (QI) at national, sub-national and site levels?	<div><input type="radio"/> A. The host country government does not have structures or resources to support site-level continuous quality improvement</div> <div><input checked="" type="radio"/> B. The host country government:<div><input type="checkbox"/> Has structures with dedicated focal points or leaders (e.g., committee, focal person, working groups, teams) at the national level, sub-national level and in a majority of sites where HIV/AIDS care and services are offered that are supporting site-level continuous quality improvement</div><div><input type="checkbox"/> Has a budget line item for the QM program</div><div><input type="checkbox"/> Supports a knowledge management platform (e.g., web site) and/or peer learning opportunities available to site QI participants to gain insights from other sites and interventions</div></div>	9.1 Score: 1.33	<b>1. National QA/QI and CQI strategic framework.</b> Website - <a href="http://nigeriaqual.ng/">http://nigeriaqual.ng/</a>  <b>2. Federal Ministry of Health, Nigeria (2016),</b> 'National Quality Improvement Project (NQIP) Standard Operating Procedures', Federal Ministry of Health (FMOH) in collaboration with Nigerian Alliance for Health Systems Strengthening (NAHSS). Available online from: <a href="http://nigeriaqual.mgic-nigeria.org/wp-content/uploads/2017/09/Standard-Operating-Procedure.pdf">http://nigeriaqual.mgic-nigeria.org/wp-content/uploads/2017/09/Standard-Operating-Procedure.pdf</a>	
<b>9.2 Quality Management/Quality Improvement (QM/QI) Plan:</b> Is there a current (updated within the last 2 years) QM/QI plan? (The plan may be HIV program-specific or include HIV program-specific elements in a national health sector QM/QI plan.)	<div><input checked="" type="radio"/> A. There is no HIV/AIDS-related QM/QI strategy</div> <div><input type="radio"/> B. There is a QM/QI strategy that includes HIV/AIDS, but it is not utilized</div> <div><input type="radio"/> C. There is a current QM/QI strategy that includes HIV/AIDS program specific elements, and it is partially utilized.</div> <div><input type="radio"/> D. There is a current HIV/AIDS program specific QM/QI strategy, and it is fully utilized.</div>	9.2 Score: 0.00	<b>1. Federal Ministry of Health, Nigeria (2014),</b> 'National Framework and Guidelines for the National Quality Improvement Program on HIV/AIDS Services and Care. (NigeriaQual). First Edition.	Plan is ongoing from the FMOH to update the QM/QI plan

<p><b>9.3 Performance Data Collection and Use for Improvement:</b> Are HIV program performance measurement data systematically collected and analyzed to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting?</p>	<p>A. HIV program performance measurement data are not used to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting.</p> <p><input type="radio"/> A. HIV program performance measurement data are used to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting (check all that apply):</p> <p><input checked="" type="radio"/> B. HIV program performance measurement data are used to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting (check all that apply):</p> <p><input type="checkbox"/> The national quality structure has a clinical data collection system from which local performance measurement data on prioritized measures are being collected, aggregated nationally, and analyzed for local and national improvement</p> <p><input type="checkbox"/> There is a system for sharing data at the national, SNU, and local level, with evidence that data is used to identify quality gaps and initiate QI activities</p> <p><input type="checkbox"/> There is documentation of results of QI activities and demonstration of national HIV program improvement through sharing and implementation of best practices across HIV/AIDS sites at all levels</p>	<p>9.3 Score: 2.00</p>	<p>1. 2019 Joint Annual Program Review for HIV/AIDS, TB and Malaria programs. (Report available on request)</p>	<p>Quarterly collection, collation, validation and dissemination of data</p>
<p><b>9.4 Health worker capacity for QM/QI:</b> Does the host country government ensure that the health workforce has capacities to apply modern quality improvement methods to HIV/AIDS care and services?</p>	<p><input type="radio"/> A. There is no training or recognition offered to build health workforce competency in QI.</p> <p><input checked="" type="radio"/> B. There is health workforce competency-building in QI, including:</p> <p><input type="checkbox"/> Pre-service institutions incorporate modern quality improvement methods in curricula</p> <p><input type="checkbox"/> National in-service training (IST) curricula integrate quality improvement training for members of the health workforce (including managers) who provide or support HIV/AIDS services</p>	<p>9.4 Score: 1.00</p>		<p>There is a need for the government to develop a pre-service curricula</p>
<p><b>9.5 Existence of QI Implementation:</b> Does the host country government QM system use proven systematic approaches for QI?</p>	<p>The national-level QM structure:</p> <p><input type="checkbox"/> Provides oversight to ensure continuous quality improvement in HIV/AIDS care and services</p> <p><input type="checkbox"/> Regularly convenes meetings that include health services consumers</p> <p><input type="checkbox"/> Routinely reviews national, sub-national and clinical outcome data to identify and prioritize areas for improvement</p> <p>Sub-national QM structures:</p> <p><input type="checkbox"/> Provide coordination and support to ensure continuous quality improvement in HIV/AIDS care and services</p> <p><input type="checkbox"/> Regularly convene meetings that includes health services consumers</p> <p><input type="checkbox"/> Routinely review national, sub-national and clinical outcome data to identify and prioritize areas for improvement</p> <p>Site-level QM structures:</p> <p><input type="checkbox"/> Undertake continuous quality improvement in HIV/AIDS care and services to identify and prioritize areas for improvement</p>	<p>9.5 Score: 1.14</p>	<p>1. NigeriaQual Website - <a href="http://nigeriaqual.ng/">http://nigeriaqual.ng/</a></p> <p>2. Aliyu, A., El-Kamary, S., Brown, J. et al. (2019) "Performance and trend for quality of service in a large HIV/AIDS treatment program in Nigeria". AIDS Res Ther 16, 29 (2019). <a href="https://doi.org/10.1186/s12981-019-0242-2">https://doi.org/10.1186/s12981-019-0242-2</a></p>	<p>The introduction and implementation of HIV quality-Nigeria (HIVQUAL-N) was supported by the United States Centers for Disease Control and Prevention (CDC) to promote the delivery of appropriate care and treatment to HIV infected individuals through understanding of the human resource and infrastructure needs, as well as the challenges involved to implement a comprehensive ART program that focuses on adherence to National guidelines for delivery of HIV/AIDS services. The project implemented suffered a setback in 2011 following funding challenges and transition to local IP, but the assessment reflects it's current status.</p>
<p><b>Quality Management Score: 5.48</b></p>				
<p><b>10. Laboratory:</b> The host country ensures adequate funds, policies, and regulations to ensure laboratory capacity (workforce, equipment, reagents, quality) matches the services required for PLHIV.</p>			<p><b>Data Source</b></p>	<p><b>Notes/Comments</b></p>
<p><b>10.1 Strategic Plan:</b> Does the host country have a national laboratory strategic plan?</p>	<p><input type="radio"/> A. There is no national laboratory strategic plan</p> <p><input type="radio"/> B. National laboratory strategic plan is under development</p> <p><input type="radio"/> C. National laboratory strategic plan has been developed, but not approved</p> <p><input type="radio"/> D. National laboratory strategic plan has been developed and approved</p> <p><input type="radio"/> E. National laboratory plan has been developed, approved, and costed</p> <p><input checked="" type="radio"/> F. National laboratory strategic plan has been developed, approved, costed, and implemented</p>	<p>10.1 Score: 1.33</p>	<p>1. Federal Ministry of Health (2014), Nigeria Medical Laboratory Strategic Plan (NMLStP) 2015-2019 <a href="http://www.mlscn.gov.ng/files/mlscn_docs/FIVE_YEAR_STRATEGIC_FRAMEWORK_REVISIED_Finals07092013.pdf">http://www.mlscn.gov.ng/files/mlscn_docs/FIVE_YEAR_STRATEGIC_FRAMEWORK_REVISIED_Finals07092013.pdf</a></p>	
<p><b>10.2 Management and Monitoring of Laboratory Services:</b> Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan</p>	<p><input type="radio"/> A. No, there is no entity.</p> <p><input type="radio"/> B. Yes, there is an entity, but it has limited authority, insufficient staff, and insufficient budget</p>	<p>10.2 Score: 0.89</p>	<p>1. Audit reports for the laboratories enrolled in the national EQA program coordinated by IHVN. (Available on request).</p> <p>2. Audit reports of the PEPFAR supported sites enrolled</p>	<p>This entity is the Medical Lab science Council of Nigeria. They regulate the Lab practice in country. <a href="https://web.mlscn.gov.ng/index.php/register-for-eqa/">https://web.mlscn.gov.ng/index.php/register-for-eqa/</a></p>

<p>laboratory specimen delivery to manage, plan, monitor, purchase, and provide guidance - laboratory services at the regional and district level across all sectors? <u>Select only ONE answer.</u></p>	<p><input checked="" type="radio"/> C. Yes, there is an entity with authority and sufficient staff, but not a sufficient budget.</p> <p><input type="radio"/> D. Yes, there is an entity with authority and sufficient staff and budget.</p>		for QI implementation (Available on request).	
<p><b>10.3 Regulations to Monitor Quality of Laboratories and Point of Care Testing (POCT) Sites:</b> To what extent does the host country have regulations in place to monitor the quality of its laboratories and POCT sites?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. Regulations do not exist to monitor minimum quality of laboratories in the country.</p> <p><input type="radio"/> B. Regulations exist, but are not implemented (0% of laboratories and POCT sites regulated).</p> <p><input checked="" type="radio"/> C. Regulations exist, but are minimally implemented (approx. 1-9% of laboratories and POCT sites regulated).</p> <p><input type="radio"/> D. Regulations exist, but are partially implemented (approx. 10-49% of laboratories and POCT sites regulated).</p> <p><input type="radio"/> E. Regulations exist and are mostly implemented (approx. 50-89% of laboratories and POCT sites regulated).</p> <p><input type="radio"/> F. Regulations exist and are fully or almost fully implemented (approx. 90%+ of laboratories and POCT sites regulated).</p>	10.3 Score: 0.33	<p>1. Meeting notes from Review of Lab Systems for National HIV/AIDS response meeting (Nov 2017) - Available on request</p> <p>2. National Lab TWG Meeting notes (Available on request)</p>	<i>MLSCN Regulates POCT with Policy and SOP document</i>
<p><b>10.4 Capacity of Laboratory Workforce:</b> Does the host country have an adequate number of qualified laboratory personnel (human resources [HR]) in the public sector, to sustain key functions to meet the needs of PLHIV for diagnosis, monitoring treatment and viral load suppression?</p>	<p><input type="radio"/> A. There are not adequate qualified laboratory personnel to achieve sustained epidemic control</p> <p><input checked="" type="radio"/> B. There are adequate qualified laboratory personnel to perform the following key functions:</p> <p><input checked="" type="checkbox"/> HIV diagnosis by rapid testing and point-of-care testing</p> <p><input type="checkbox"/> Routine laboratory testing, including chemistry, hematology, microbiology, serology, blood banking, and malaria</p> <p><input type="checkbox"/> Complex laboratory testing, including HIV viral load, CD4 testing, and molecular assays</p> <p><input type="checkbox"/> TB diagnosis</p>	10.4 Score: 1.33	<p>1. <b>Abubakar, Ado, Peters, Samuel, Balogun, Oyebimpe, Osawe, Sophia, Mamman, Ille, Barde, Joshua, Ojo, Emmanuel, Ezati, Nicholas, Bango, Jide, Ngige, Evelyn, Emeribe, Anthony, &amp; Abimiku, Alash'le. (2016).</b> Implementing quality assurance for laboratory-based and point-of-care HIV testing in Nigeria. African Journal of Laboratory Medicine, 5(2), 1-5. <a href="https://dx.doi.org/10.4102/ajlm.v5i2.455">https://dx.doi.org/10.4102/ajlm.v5i2.455</a></p>	
<p><b>10.5 Viral Load Infrastructure:</b> Does the host country have sufficient infrastructure to test for viral load to reach sustained epidemic control?</p>	<p><input type="radio"/> A. There is not sufficient infrastructure to test for viral load.</p> <p><input checked="" type="radio"/> B. There is sufficient infrastructure to test for viral load, including:</p> <p><input checked="" type="checkbox"/> Sufficient HIV viral load instruments</p> <p><input type="checkbox"/> All HIV viral load laboratories have an instrument maintenance program</p> <p><input type="checkbox"/> Sufficient supply chain system is in place to prevent stock out</p> <p><input type="checkbox"/> Adequate specimen transport system and timely return of results</p> <p><input type="checkbox"/> Sufficient Viral Load Reagents</p>	10.5 Score: 1.33	<p>1. <b>"Diagnostic Network Optimization. (DNO) Implementation in Nigeria"</b>. ASLM Conference, November 2021. <b>Omolara Emmanuel, National AIDS and STD Control Program, FMOH, Nigeria.</b> <a href="https://www.ghsupplychain.org/sites/default/files/2021-11/Diagnostic%20Network%20Optimization%20Nigeria%20ASLM2021_Final.pdf">https://www.ghsupplychain.org/sites/default/files/2021-11/Diagnostic%20Network%20Optimization Nigeria ASLM2021_Final.pdf</a></p> <p>2. Diagnostic Network Optimization Policy</p>	
<p><b>10.6 Domestic Funds for Laboratories:</b> To what extent are laboratory services financed by domestic public or private resources (i.e. excluding external donor funding)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No (0%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> B. Minimal (approx. 1-9%) laboratory services are financed by domestic resources.</p> <p><input checked="" type="radio"/> C. Some (approx. 10-49%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> D. Most (approx. 50-89%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> E. All or almost all (approx. 90%+) laboratory services are financed by domestic resources.</p>	10.6 Score: 1.67		
<b>Laboratory Score: 6.89</b>				

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN B

## Domain C. Strategic Financing and Market Openness

**What Success Looks Like:** Host country government is aware of the financial resources required to effectively and efficiently meet its national HIV/AIDS prevention, care and treatment targets. HCG actively seeks, solicits and or generates the necessary financial resources, ensures sufficient resource commitments, and uses data to strategically allocate funding and maximize investments. Finally, having and effectively implementing policies that ensure leveraging markets (both nonprofit and for profit) where appropriate and enabling their participation and competition will be critical for a sustained HIV response.

Fiscal Context for Health and HIV/AIDS				Data Source		Notes/Comments	
This section will not be assigned a score, but will provide additional contextual information to complement the questions in Domain C.							
1. What percentage of general government expenditures goes to health?	7%		1. FMOH Nigeria, National Health Accounts, 2019 (unpublished)		This has consistently been below the Abuja declaration target of 15%.		
2. What is the per capita health expenditure all sources?	\$75		1. FMOH Nigeria, National Health Accounts, 2019 (unpublished)		The WHO target is \$86 per capita. The highest value in previous years was \$112 in 2014.		
3. What is the total health care expenditure all sources as a percent of GDP?	3.20%		1. FMOH Nigeria, National Health Accounts, 2019 (unpublished)		This has consistently been below the target of 4-5%		
4. What percent of total health expenditures is financed by external resources?	11%		1. FMOH Nigeria, National Health Accounts, 2019 (unpublished)		THE from external resources dipped to 8% in 2017 but increased to 11% in 2019 with a peak of 13% in 2014.		
5. What percent of total health expenditures is financed by out of pocket spending net of household contributions to medical schemes/pre-payment schemes?	70.5%		1. FMOH Nigeria, National Health Accounts, 2019 (unpublished)		OOPE as a percentage of THE =67.4%. OOPE as a percentage of CHE=70.5%, a slight improvement from 76.6% in 2017. Target is 30-40%		
11. Domestic Resource Mobilization: The partner country budgets for its HIV/AIDS response and makes adequate resource commitments and expenditures to achieve national HIV/AIDS goals for epidemic control in line with its financial ability.				Data Source		Notes/Comments	
<div>Check all that apply:</div> <div><div><div>A. Yes, there is a universal, comprehensive financing scheme that integrates social health insurance, public subsidies, and national budget provisions for public health aspects (e.g., disease surveillance). It includes the following (check all that apply):</div><div><div><input checked="" type="checkbox"/> ARVs are covered</div><div><input checked="" type="checkbox"/> Non-ARV care and treatment is covered</div><div><input checked="" type="checkbox"/> Prevention services are covered</div></div></div><div><div><input checked="" type="checkbox"/> B. Yes, there is an affordable health insurance scheme available (check one of the following).</div><div><div><input checked="" type="checkbox"/> It covers 25% or less of the population.</div><div><input type="checkbox"/> It covers 26 to 50% of the population.</div><div><input type="checkbox"/> It covers 51 to 75% of the population.</div><div><input type="checkbox"/> It covers more than 75% of the population.</div></div></div><div><div><input checked="" type="checkbox"/> C. The affordable health insurance scheme in (B.) includes the following (check all that apply):</div><div><div><input type="checkbox"/> ARVs are covered.</div><div><input checked="" type="checkbox"/> Non-ARV care and treatment services are covered.</div><div><input checked="" type="checkbox"/> Prevention services are covered (specify in comments).</div></div></div></div>		11.1 Score:	0.75	<div>1. Federal Ministry of Health, Nigeria, "NHIS operational guidelines", 2017. Available online from: <a href="https://www.dhmlnigeria.com/downloads/NHIS_OPERATIONAL_GUIDELINES(Revised).p2017">https://www.dhmlnigeria.com/downloads/NHIS_OPERATIONAL_GUIDELINES(Revised).p2017</a></div> <div>2. Federal Ministry of Health, Nigeria, 'National Blueprint for Integration of HIV/AIDS into State Health Insurance Schemes". Available from: <a href="https://naca.gov.ng/wp-content/uploads/2021/02/Nigeria_National_HIV_Blueprint_02Feb21-1.pdf">https://naca.gov.ng/wp-content/uploads/2021/02/Nigeria_National_HIV_Blueprint_02Feb21-1.pdf</a></div> <div>3. National Agency for the Control of AIDS (NACA), "National DRMS Strategy", 2021. Available at: <a href="http://www.healthpolicyplus.com/ns/pubs/18509-18909_NigeriaDRMSStrategy.pdf">http://www.healthpolicyplus.com/ns/pubs/18509-18909_NigeriaDRMSStrategy.pdf</a></div>		<div>A long-term financing strategy has been developed for DRM and HIV integration into SHIS but has not become fully operationalized for ARV, Non-ARV care and treatment and prevention. Coverage for Health insurance is still very low at 3.5% of THE. Recommendation: Fully operationalize the DRM startaegy, launch the HIV trust fund (Nov 2021) to increase domestic resources especially from the private sector as well as improve health insurance coverage with inclusion of ARV and Non-ARV care. Currently, HCT and health education make up HIV prevention in the NHIS benefit package</div>	
11.1 Long-term Financing Strategy for HIV/AIDS: Has the host country government developed a long-term financing strategy for HIV/AIDS?							

	<input checked="" type="checkbox"/> It includes public subsidies for the affordability of care.			
<b>11.2 Domestic Budget:</b> To what extent does the national budget explicitly account for the national HIV/AIDS response?	<input type="radio"/> A. There is no explicit funding for HIV/AIDS in the national budget. <input checked="" type="radio"/> B. There is explicit HIV/AIDS funding within the national budget. <input checked="" type="checkbox"/> The HIV/AIDS budget is program-based across ministries <input checked="" type="checkbox"/> The budget includes or references indicators of progress toward national HIV/AIDS strategy goals <input checked="" type="checkbox"/> The budget includes specific HIV/AIDS service delivery targets <input type="checkbox"/> National budget reflects all sources of funding for HIV, including from external donors	11.2 Score: 0.83	<b>1. Budget Office of the Federal Republic of Nigeria (2021),</b> "2021 Appropriation Act". Available online at: <a href="https://www.budgetoffice.gov.ng/index.php/2021-appropriation-act">https://www.budgetoffice.gov.ng/index.php/2021-appropriation-act</a>	<i>The 2021 budget has a line item for placing 150,000 nigerians on treatment. There is a need to confirm the number of people who now have access to care. Most MDAs have budgetary allocations for HIV/AIDS.</i>
<b>11.3 Annual Goals/Targets:</b> To what extent does the national budget contain HIV/AIDS goals/targets?	<input type="radio"/> A. There are no HIV/AIDS goals/targets articulated in the national budget <input checked="" type="radio"/> B. There are HIV/AIDS goals/targets articulated in the national budget. <input checked="" type="checkbox"/> The goals/targets are measurable. <input checked="" type="checkbox"/> Budget items/programs are linked to goals/targets. <input checked="" type="checkbox"/> The goals/targets are routinely monitored during budget execution. <input type="checkbox"/> The goals/targets are routinely monitored during the development of the budget.	11.3 Score: 0.83	<b>1. Budget Office of the Federal Republic of Nigeria (2021),</b> "2021 Appropriation Act". Available online at: <a href="https://www.budgetoffice.gov.ng/index.php/2021-appropriation-act">https://www.budgetoffice.gov.ng/index.php/2021-appropriation-act</a>	<i>No change - The Government-funded HIV treatment program fulfills all of these.</i>
<b>11.4 HIV/AIDS Budget Execution:</b> For the previous three years, what was the average execution rate for budgeted domestic HIV/AIDS resources (i.e. excluding any donor funds) at both the national and subnational level?  (If subnational data does not exist or is not available, answer the question for the national level. Note level covered in the comments column)	<input type="radio"/> A. There is no HIV/AIDS budget, or information is not available. <input checked="" type="radio"/> B. 0-49% of budget executed <input type="radio"/> C. 50-69% of budget executed <input type="radio"/> D. 70-89% of budget executed <input type="radio"/> E. 90% or greater of budget executed	11.4 Score: 0.00	<b>1. National Agency for the Control of AIDS (NACA),</b> "National AIDS Spending Assessment, (2021)", Available online at: <a href="https://naca.gov.ng/wp-content/uploads/2020/07/NASA-Report-2019.pdf">https://naca.gov.ng/wp-content/uploads/2020/07/NASA-Report-2019.pdf</a>	<i>No change</i>
<b>11.5 Donor Spending:</b> Does the Ministry of Health or Ministry of Finance routinely, and at least on an annual basis, collect all donor spending in the health sector or for HIV/AIDS-specific services?	<input type="radio"/> A. Neither the Ministry of Health nor the Ministry of Finance routinely collects all donor spending in the health sector or for HIV/AIDS-specific services. <input type="radio"/> B. The Ministry of Health or Ministry of Finance routinely collects all donor spending for only HIV/AIDS-specific services. <input checked="" type="radio"/> C. The Ministry of Health or Ministry of Finance routinely collects all donor spending all the entire health sector, including HIV/AIDS-specific services.	11.5 Score: 0.95	<b>1. Henry Asor Nkang (2020),</b> "The growing demand for aid data – sharing experience from Nigeria", Publish what you fund [Online Blog]. <a href="https://www.publishwhatyoufund.org/2020/06/the-growing-demand-for-aid-data-sharing-experience-from-nigeria/">https://www.publishwhatyoufund.org/2020/06/the-growing-demand-for-aid-data-sharing-experience-from-nigeria/</a>	<i>No change</i>
<b>11.6 Domestic Spending:</b> What percent of the annual national HIV response is financed with domestic public and domestic private sector HIV	<input type="radio"/> A. None (0%) is financed with domestic funding. <input type="radio"/> B. Very little (approx. 1-9%) is financed with domestic funding.	11.6 Score: 1.67	<b>1. National Agency for the Control of AIDS (NACA),</b> "National AIDS Spending Assessment, (2019)", Available online at: <a href="https://naca.gov.ng/wp-content/uploads/2020/07/NASA-Report-2019.pdf">https://naca.gov.ng/wp-content/uploads/2020/07/NASA-Report-2019.pdf</a>	<i>Govt-17.2%, Private sector- 0.04%, Intl-82.8%. No change. To improve domestic resource mobilization as recommended in the DRM strategy</i>

<p>funding? (Domestic funding excludes out-of-pocket, Global Fund grants, and other donor resources)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input checked="" type="radio"/> C. Some (approx. 10-49%) is financed with domestic funding.</p> <p><input type="radio"/> D. Most (approx. 50-89%) is financed with domestic funding.</p> <p><input type="radio"/> E. All or almost all (approx. 90%+) is financed with domestic funding.</p>		<p><b>2. National Agency for the Control of AIDS (NACA),</b> "National DRMS Strategy", 2021. Available at: <a href="http://www.healthpolicyplus.com/ns/pubs/18509-18909_NigeriaDRMSStrategy.pdf">http://www.healthpolicyplus.com/ns/pubs/18509-18909_NigeriaDRMSStrategy.pdf</a></p>	
<p><b>11.7 Health Budget Execution:</b> What was the country's execution rate of its budget for health in the most recent year's budget?</p>	<p><input type="radio"/> A. There is no budget for health or no money was allocated.</p> <p><input checked="" type="radio"/> B. 0-49% of budget executed.</p> <p><input type="radio"/> C. 50-69% of budget executed.</p> <p><input type="radio"/> D. 70-89% of budget executed.</p> <p><input type="radio"/> E. 90% or greater of budget executed.</p>	<p>11.7 Score: 0.00</p>	<p><b>1. Budget Office of the Federation, Federal Republic of Nigeria,</b> (2021), 'Second Quarter Budget Implementation Report'. Available online at: <a href="https://www.budgetoffice.gov.ng/index.php/2021-second-quarter-and-half-year-budget-implementation-report">https://www.budgetoffice.gov.ng/index.php/2021-second-quarter-and-half-year-budget-implementation-report</a></p>	<p>No change. 23.16% as at June 2021</p>
<p><b>11.8 Data-Driven Reprogramming:</b> Do host country government policies/systems allow for reprogramming domestic investments based on new or updated program data during the government funding cycle?</p>	<p><input type="radio"/> A. There is no system for funding cycle reprogramming.</p> <p><input type="radio"/> B. There is a policy/system that allows for funding cycle reprogramming, but is seldom used.</p> <p><input type="radio"/> C. There is a policy/system that allows for funding cycle reprogramming and reprogramming is done as per the policy, but not based on data.</p> <p><input checked="" type="radio"/> D. There is a policy/system that allows for funding cycle reprogramming and reprogramming is done as per the policy, and is based on data.</p>	<p>11.8 Score: 0.95</p>	<p><b>1. National Agency for the Control of AIDS (NACA),</b> "Revised National Strategic Framework", 2019-2021. <a href="https://naca.gov.ng/wp-content/uploads/2019/03/NATIONAL-HIV-AND-AIDS-STRATEGIC-FRAMEWORK-1.pdf">https://naca.gov.ng/wp-content/uploads/2019/03/NATIONAL-HIV-AND-AIDS-STRATEGIC-FRAMEWORK-1.pdf</a></p>	<p>This incorporaed the NAIIS results in the revised strategic framework</p>
<p><b>Domestic Resource Mobilization Score:</b></p>		<p>5.99</p>		
<p><b>12. Technical and Allocative Efficiencies:</b> The host country analyzes and uses relevant HIV/AIDS epidemiological, health, health workforce, and economic data to inform HIV/AIDS investment decisions. For maximizing impact, data are used to choose which high impact program services and interventions are to be implemented, where resources should be allocated, and what populations demonstrate the highest need and should be targeted (i.e. the right thing at the right place and at the right time). Unit costs are tracked and steps are taken to improve HIV/AIDS outcomes within the available resource envelope (or achieves comparable outcomes with fewer resources).</p>			<p><b>Data Source</b></p>	<p><b>Notes/Comments</b></p>
<p><b>12.1 Resource Allocation Process:</b> Does the partner country government utilize a recognized data-driven model to inform the allocation of domestic (i.e. non-donor) public HIV resources?</p> <p>If yes, please note in the comments section when the model was last used and for what purpose (e.g., for Global Fund concept note development)</p> <p>(note: full score achieved by selecting one checkbox)</p>	<p><input type="radio"/> A. The host country government does not use one of the mechanisms listed below to inform the allocation of their resources.</p> <p><input checked="" type="radio"/> B. The host country government does use the following mechanisms to inform the allocation of their resources (check all that apply):</p> <p><input type="checkbox"/> Optima</p> <p><input checked="" type="checkbox"/> Spectrum (Including EPP and Goals)</p> <p><input checked="" type="checkbox"/> AIDS Epidemic Model (AEM)</p> <p><input checked="" type="checkbox"/> Modes of Transmission (MOT) Model</p> <p><input type="checkbox"/> Other recognized process or model (specify in notes column)</p>	<p>12.1 Score: 2.00</p>	<p><b>1. Lo J, Nwafor SU, Schwitters AM, Mitchell A, Sebastian V, Stafford KA, Ezirim I, Charurat M, McIntyre AF,</b> (2021) "Key Population Hotspots in Nigeria for Targeted HIV Program Planning: Mapping, Validation, and Reconciliation", JMIR Public Health Surveill 2021; 7(2):e25623. Available online at: <a href="https://publichealth.jmir.org/2021/2/e25623/">https://publichealth.jmir.org/2021/2/e25623/</a></p> <p><b>2. National Agency for the Control of AIDS (NACA),</b> "Nigeria Mode of Transmission Studies 2021". (Available on request).</p>	<p>NAIIS data was used to revise the NSF and the global fund concept note. The MOT report states that the focus of the program should be geared toward AYP and PMTCT. The spectrum data was used for expansion of PEPFAR into the new states.</p>
<p></p>	<p><input type="radio"/> A. Information not available.</p>	<p>12.2 Score: 1.00</p>	<p><b>1. National Agency for the Control of AIDS (NACA),</b> "Revised National Strategic Framework", 2019-2021. <a href="https://naca.gov.ng/">https://naca.gov.ng/</a></p>	<p>The revised NSF 2019-2021 has divided the country into high, medium and low burden States. However, there is no information on the allocation of funding to these States based on their burden of</p>



<p><b>12.2 Geographic Allocation:</b> Of central government HIV-specific resources (excluding any donor funds) allocated to geographic subunits in the most recent year available, what percentage is being allocated in the highest burden geographic areas (i.e. districts that cumulatively account for 80% of PLHIV)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> B. No resources (0%) are targeting the highest burden geographic areas.</p> <p><input type="radio"/> C. Minimal resources (approx. 1-9%) are targeting the highest burden geographic areas.</p> <p><input checked="" type="radio"/> D. Some resources (approx. 10-49%) are targeting the highest burden geographic areas.</p> <p><input type="radio"/> E. Most resources (approx. 50-89%) are targeting the highest burden geographic areas.</p> <p><input type="radio"/> F. All or almost all resources (approx. 90%+) are targeting the highest burden geographic areas.</p>		<p><a href="https://naca.gov.ng/wp-content/uploads/2019/03/NATIONAL-HIV-AND-AIDS-STRATEGIC-FRAMEWORK-1.pdf">https://naca.gov.ng/wp-content/uploads/2019/03/NATIONAL-HIV-AND-AIDS-STRATEGIC-FRAMEWORK-1.pdf</a></p>	<p>the proportion of funding to these States based on their burden of the disease.</p>
<p><b>12.3 Information on cost of service provision:</b> Does the host country government have a system that routinely produces information on the costs of providing HIV/AIDS services, and is this information used for budgeting or planning purposes?</p> <p>(note: full score can be achieved without checking all disaggregate boxes).</p>	<p><input type="radio"/> A. The host country DOES NOT have a system that routinely produces information on the costs of providing HIV/AIDS services.</p> <p><input type="radio"/> B. The host country has a system that routinely produces information on the costs of providing HIV/AIDS services, but this information is not used for budgeting or planning.</p> <p><input checked="" type="radio"/> C. The host country has a system that routinely produces information on the costs of providing HIV/AIDS services AND this information is used for budgeting or planning purposes for the following services (check all that apply):</p> <p><input checked="" type="checkbox"/> HIV Testing</p> <p><input checked="" type="checkbox"/> Laboratory services</p> <p><input checked="" type="checkbox"/> ART</p> <p><input checked="" type="checkbox"/> PMTCT</p> <p><input type="checkbox"/> VMMC</p> <p><input type="checkbox"/> OVC Service Package</p> <p><input checked="" type="checkbox"/> Key population Interventions</p> <p><input checked="" type="checkbox"/> PrEP</p>	<p>12.3 Score: 2.00</p>	<p><a href="http://www.wambo.org">www.wambo.org</a></p>	<p>The WAMBO platform is used for commodity procurement only. There have been costing studies for HIV service provision especially for ARV and the actuarial cost for the integration of HIV into the benefit package of SHIS. The country does not have systems for tracking the cost providing OVC interventions.</p> <p>Nigeria does not implement a VMMC program as majority of Nigerian men are circumcised following cultural and religious dictates.</p>
<p><b>12.4 Improving Efficiency:</b> Has the partner country achieved any of the following efficiency improvements through actions taken within the last three years?</p>	<p>Check all that apply:</p> <p><input checked="" type="checkbox"/> Improved operations or interventions based on the findings of cost-effectiveness or efficiency studies</p> <p><input checked="" type="checkbox"/> Reduced overhead costs by streamlining management</p> <p><input checked="" type="checkbox"/> Lowered unit costs by reducing fragmentation, i.e. pooled procurement, resource pooling, etc.</p> <p><input checked="" type="checkbox"/> Implemented strategic purchasing (e.g. through contracting and payment incentives) to encourage delivery of HIV services in line with population needs</p> <p><input checked="" type="checkbox"/> Improved procurement competition</p> <p><input checked="" type="checkbox"/> Integrated HIV/AIDS into national or subnational insurance schemes (private or public -- need not be within last three years)</p> <p><input checked="" type="checkbox"/> Integrated HIV into primary care services with linkages to specialist care (need not be within last three years)</p> <p><input checked="" type="checkbox"/> Integrated TB and HIV services, including ART initiation in TB treatment settings and TB screening and treatment in HIV care settings (need not be within last three years)</p> <p><input checked="" type="checkbox"/> Integrated HIV and MCH services, including ART initiated and maintained in eligible pregnant and postpartum women and in infants at maternal and child health care settings (need not be within last three years)</p>	<p>12.4 Score: 2.00</p>	<p>1. NAHS 2019,</p> <p>2. <b>National Agency for the Control of AIDS (NACA)</b>, Revised National Strategic Framework for HIV and AIDS: 2019 to 2021'. Nigeria. Available online from: <a href="https://naca.gov.ng/revised-national-hiv-and-aids-strategic-framework-2019-2021">https://naca.gov.ng/revised-national-hiv-and-aids-strategic-framework-2019-2021</a>.</p> <p>3. <b>Federal Ministry of Health, Abuja Nigeria, (2016)</b>, "National Guidelines for HIV Prevention Treatment and Care. Available online from: <a href="https://www.prepwatch.org/wp-content/uploads/2017/08/nigeria-national-guidelines-2016.pdf">https://www.prepwatch.org/wp-content/uploads/2017/08/nigeria-national-guidelines-2016.pdf</a></p> <p>4. <b>Public Procurement Act. 2007 No. 14. A 203. Federal Republic of Nigeria. Official Gazette. No. 65.</b> Lagos—19th June, 2007. Vol. 94. Government Notice No. 44. Available online from: <a href="https://www.bpp.gov.ng/wp-content/uploads/2019/01/Public-Procurement-Act-2007pdf.pdf">https://www.bpp.gov.ng/wp-content/uploads/2019/01/Public-Procurement-Act-2007pdf.pdf</a></p>	<p>1. NAHS data and NSF improved operations and interventions for HIV/AIDS. NACA streamlined its management through the creation of zonal offices. The integration of HIV/AIDS into the sub-national insurance schemes has improved strategic purchasing for HIV services. NACA has aligned its procurement with the procurement Act. However, the integration of HIV/AIDS into sub-national insurances has not become fully operational at sub-national levels.</p> <p>2. NACA internal memo on decentralization (Available on request).</p> <p>3. <b>Eboreime, E. A., Abimbola, S., Obi, F. A., Ehirim, O., Olubajo, O., Eyles, J., Nxumalo, N. L., &amp; Mambulu, F. N. (2017).</b> Evaluating the sub-national fidelity of national initiatives in decentralized health systems: Integrated Primary Health Care Governance in Nigeria. <i>BMC health services research</i>, 17(1), 227. <a href="https://doi.org/10.1186/s12913-017-2179-2">https://doi.org/10.1186/s12913-017-2179-2</a></p>

	<input type="checkbox"/> Developed and implemented other new and more efficient models of HIV service delivery (e.g., multi-month scripting, testing modalities targeted to the population profile, etc. - specify in comments)			
<b>12.5 ARV Benchmark prices:</b> How do the costs of ARVs (most common first line regimen) purchased in the previous year by the partner government using domestic resources compare to international benchmark prices for that year?  (Use the "factory cost" of purchased commodities, excluding transport costs, distribution costs, etc.)	<input type="radio"/> A. Partner government did not pay for any ARVs using domestic resources in the previous year.  <input type="radio"/> B. Average price paid for ARVs by the partner government in the previous year was more than 50% greater than the international benchmark price for that regimen.  <input type="radio"/> C. Average price paid for ARVs by the partner government in the previous year was 10-50% greater than the international benchmark price for that regimen.  <input type="radio"/> D. Average price paid for ARVs by the partner government in the previous year was 1-10% greater than the international benchmark price for that regimen.  <input checked="" type="radio"/> E. Average price paid for ARVs by the partner government in the previous year was below or equal to the international benchmark price for that regimen.	12.5 Score: 2.00	<a href="http://www.wambo.org">www.wambo.org</a>	WAMBO is an international procurement platform which makes for the purchase of HIV commodities at international benchmark prices.
<b>Technical and Allocative Efficiencies Score:</b>		9.00		
<b>13. Market Openness:</b> Host country and donor policies do not negatively distort the market for HIV services by reducing participation and/or competition.			<b>Data Source</b>	<b>Notes/Comments</b>
<b>13.1 Granting exclusive rights for services or training:</b> Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies grant exclusive rights for the government or another local provider to provide HIV services?	Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies: <input type="checkbox"/> A. Restrict the provision of any one aspect of HIV prevention, testing, counseling, or treatment services to a single entity (i.e., creating a monopoly arrangement for that service)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> B. Mandate that only government facilities have the exclusive right to provide any one aspect of HIV prevention, testing, counseling, or treatment services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> C. Grant exclusive rights to government institutions for providing health service training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13.1 Score: 0.28	<b>1. National Agency for the Control of AIDS (NACA),</b> "Revised National Strategic Framework for HIV and AIDS: 2019 to 2021". Nigeria. Available online from: <a href="https://naca.gov.ng/revised-national-hiv-and-aids-strategic-framework-2019-2021">https://naca.gov.ng/revised-national-hiv-and-aids-strategic-framework-2019-2021</a> .  <b>2. Federal Ministry of Health, Abuja Nigeria, (2016),</b> "National Guidelines for HIV Prevention Treatment and Care. Available online from: <a href="https://www.prepwatch.org/wp-content/uploads/2017/08/nigeria_national_guidelines_2016.pdf">https://www.prepwatch.org/wp-content/uploads/2017/08/nigeria_national_guidelines_2016.pdf</a>	All duly licensed stakeholders participate freely in the Nigeria HIV program
<b>13.2 Requiring license or authorization:</b> Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies establish a license, permit or authorization process as a requirement of operation?	<input type="checkbox"/> A. Are health facilities required to obtain a government-mandated license or accreditation in order to provide HIV services? [SELECT ONE] <input checked="" type="checkbox"/> No Yes, and the enforcement of the accreditation places equal burden on nongovernment facilities (e.g., FBOs, CBOs, or private sector) and government facilities.  <input type="checkbox"/> B. Are health training institutions required to obtain a government-mandated license or accreditation in order to provide health service training? [SELECT ONE] <input type="checkbox"/> No Yes, and the enforcement of the accreditation places equal burden on nongovernment institutions (e.g., FBOs, CBOs, or private sector) and government institutions.	13.2 Score: 0.28	<b>1. National Primary Health Care Development Agency, (2012),</b> "Minimum Standards for Primary Health Care in Nigeria", Federal Ministry of Health, Nigeria. Available online from: <a href="https://hfr.health.gov.ng/resources/download/Minimum%20Standards%20for%20Primary%20Health%20Care%20in%20Nigeria.pdf">https://hfr.health.gov.ng/resources/download/Minimum%20Standards%20for%20Primary%20Health%20Care%20in%20Nigeria.pdf</a>  <b>2. Corporate Affairs Commission (CAC) Part C</b> <a href="http://msmehub.org/article/2019/03/regulatory-requirements-for-starting-a-hospital-business">http://msmehub.org/article/2019/03/regulatory-requirements-for-starting-a-hospital-business</a>	Only standard registration requirements by appropriate regulatory and oversight bodies such as Nursing Council, Medical and Dental Council are needed: 1. Any Facility providing any form of health services must be duly licensed and accredited by the Federal or State Ministry of Health. 2. FBOs, CBOs intending to provide Public Health Services are mandated to register with the Corporate Affairs Commission (CAC) at National level or relevant offices at the States or Local Government levels. This is also applicable for Private sector entities.  This requirements are enforced equally for all sectors.

	<p>Yes, and the enforcement of the accreditation places higher burden on nongovernment institutions (e.g., FBOs, CBOs, or private sector) than on government institutions.</p>			
<p><b>13.3 Limiting provision of certain direct clinical services:</b> Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies limit the ability of licensed, local providers to provide certain direct clinical services?</p>	<p>National government or donor (e.g., PEPFAR, GFATM, etc.) policies limit the ability of licensed, local health service providers to offer the following HIV services:</p> <p><input type="checkbox"/> Prevention</p> <p><input type="checkbox"/> Testing and Counseling</p> <p><input type="checkbox"/> Treatment</p>	<p>13.3 Score: 0.28</p>		<p><i>None is limited.</i></p>
<p><b>13.4 Limiting provision of certain clinical support services:</b> Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies limit the ability of licensed local providers to provide certain clinical support services?</p>	<p>A. Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies restrict the ability of licensed, local institutions from providing essential HIV laboratory services?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p>B. Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies create monopoly arrangements in lab testing (i.e., arrangements where effectively only one lab service provider is allowed to conduct a certain essential HIV lab service)?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p>C. National government or donor (e.g., PEPFAR, GFATM, etc.) policies restrict the ability of licensed, local institutions from procuring or distributing the following HIV commodities and supplies [PLEASE SPECIFY TYPE IN NOTES]:</p> <p><input type="checkbox"/> ARVs</p> <p><input type="checkbox"/> Test kits</p> <p><input type="checkbox"/> Laboratory supplies</p> <p><input type="checkbox"/> Other</p> <p>D. Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies create monopoly supply chain arrangements for HIV commodities (i.e., arrangements where effectively only one entity is able to supply a certain essential HIV commodity)?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	<p>13.4 Score: 0.28</p>		
<p><b>13.5 Limits on local manufacturing:</b> Do national government policies limit the ability of the local manufacturing industry to compete with the international market?</p>	<p>A. Do national government policies restrict the production of HIV commodities and supplies by local manufacturers beyond international standards?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>B. [IF YES] For which of the following is local manufacturing restricted?</p> <p><input type="checkbox"/> ARVs</p> <p><input type="checkbox"/> Test kits</p> <p><input type="checkbox"/> Laboratory supplies</p> <p><input type="checkbox"/> Other</p>	<p>13.5 Score: 0.28</p>	<p><b>1. Ogbonna, Brian &amp; Ilika, Amobi &amp; Nwabueze, Achunam. (2015). NATIONAL DRUG POLICY IN NIGERIA, 1985-2015. World Journal of Pharmaceutical Research. 4. 248-265. Available at: <a href="https://www.researchgate.net/publication/277557398_NATIONAL_DRUG_POLICY_IN_NIGERIA_1985-2015/citation/download">https://www.researchgate.net/publication/277557398_NATIONAL_DRUG_POLICY_IN_NIGERIA_1985-2015/citation/download</a></b></p>	<p><i>The country has a migration to local production policy for drugs. However, other issues such as IP rights, licences , WHO PQ affect local pharma.</i></p>
<p><b>13.6 Cost of entry/exit:</b> Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies significantly raise the cost of entry or exit by a local provider?</p>	<p>Do local health service facilities face higher start-up or maintenance costs compared to government or donor (e.g., PEPFAR, GFATM, etc.) supported facilities (e.g., lack of access to funds, higher accreditation fees, prohibitive contracting costs, etc.)?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	<p>13.6 Score: 0.28</p>		

<p><b>13.7 Geographical barriers:</b> Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies create geographical barriers for local providers to supply goods, services or labor, or invest capital?</p>	<p>A. Are certain geographical areas restricted to only government or donor-supported HIV service providers?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>B. [IF YES] Which of the following are geographically restricted?</p> <p><input type="checkbox"/> Supplying HIV supplies and commodities</p> <p><input type="checkbox"/> Supplying HIV services or health workforce labor</p> <p><input type="checkbox"/> Investing capital (e.g., constructing or renovating facilities)</p>	13.7 Score: 0.28		
<p><b>13.8 Government policy limits on innovative financing:</b> Do national government policies limit the use of innovative financing mechanisms (including blended financing deals, social impact bonds, pay for success models, etc.) and market-based/market-shaping solutions as part of the domestic response to HIV/AIDS?</p>	<p>Do national government policies limit the use of innovative financing mechanisms (including blended financing deals, social impact bonds, pay for success models, etc.) and market-based/market-shaping solutions as part of the domestic response to HIV/AIDS?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	13.8 score: 0.28	<p><b>1. National Agency for the Control of AIDS (NACA), "National DRMS Strategy", 2021. Available at: <a href="http://www.healthpolicyplus.com/ns/pubs/18509-18909_NigeriaDRMSStrategy.pdf">http://www.healthpolicyplus.com/ns/pubs/18509-18909_NigeriaDRMSStrategy.pdf</a></b></p>	<p><i>The NDRMS Strategy though not fully operational outlines innovative financing mechanisms that can be deployed</i></p>
<p><b>13.9 Donor policy limits on innovative financing:</b> Do donor policies limit the use of innovative financing mechanisms (including blended financing deals, social impact bonds, pay for success models, etc.) and market-based/market-shaping solutions as part of the domestic response to HIV/AIDS?</p>	<p>Do donor policies limit the use of innovative financing mechanisms (including blended financing deals, social impact bonds, pay for success models, etc.) and market-based/market-shaping solutions as part of the domestic response to HIV/AIDS?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	13.9 Score: 0.28		
<p><b>13.10 Freedom to advertise:</b> Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies limit the freedom of local organizations to advertise or market HIV goods or services?</p> <p>[Note: "organizations" in this case can refer broadly to clinical service providers and also organizations providing advocacy and promotion services.]</p>	<p>Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies restrict the freedom of nongovernment (e.g., FBOs, CBOs, or private sector) organizations to advertise or promote HIV services either online, over TV and radio, or in public spaces?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	13.10 Score: 0.00		<p><i>NBC. APCON restricts TV adverts until late at night, placing of bill boards near schools</i></p>
<p><b>13.11 Quality standards for HIV services:</b> Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies, and the enforcement of those policies, hold all HIV service providers (government-run, local private sector, FBOs, etc.) to the same standards of service quality? [CHECK ALL THAT APPLY]</p>	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, government service providers are held to higher standards than nongovernment service providers</p> <p><input type="checkbox"/> No, FBOs/CSOs are held to higher standards than government service providers</p> <p><input type="checkbox"/> No, private sector providers are held to higher standards than government service providers</p>	13.11 Score: 0.63		<p><i>All providers are held to quality standards by oversight and regulation bodies</i></p>
<p><b>13.12 Quality standards for HIV commodities:</b> Do national government policies set standards for product quality that provide an advantage to some commodity suppliers over others?</p>	<p>Do national government policies set product quality standards on HIV commodities that advantage some suppliers over others? [IF YES, PLEASE EXPLAIN IN NOTES]</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	13.12 Score: 0.63		<p><i>Government regulation bodies (NAFDAC, SON) set standards for quality but it does not advantage some suppliers over others.</i></p>
	<p>A. Do government HIV service providers receive greater subsidies or support of overhead expenses (e.g., operational support) as compared to nongovernment (e.g., FBOs, CBOs, or private sector) HIV service providers?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	13.13 Score: 0.47		<p><i>No. However, it depends on the funder, care model.</i></p>

<p><b>13.13 Cost of service provision:</b> Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies significantly raise the cost of service provision for some local providers relative to others (especially by treating incumbents differently from new entrants)?</p>	<p>B. Does the national government selectively subsidize certain nongovernment (e.g., FBOs, CBOs, or private sector), local HIV service providers over others?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p>C. Do government health training institutions receive greater subsidies or support of overhead expenses as compared to nongovernment (e.g., FBOs, CBOs, or private sector) health training institutions?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>D. Does the national government selectively subsidize certain nongovernment (e.g., FBOs, CBOs, or private sector), local health service training institutions over others?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>			
<p><b>13.14 Self-regulation:</b> Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies allow for the creation of a self-regulatory or co-regulatory regime?</p>	<p>Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies allow HIV service providers—either groups of individuals or groups of institutions—to create structural barriers (e.g., closed network systems) that may reduce the incentive of other potential providers to provide HIV services?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	13.14 Score:	1.25	<p>No. There is no market access for HIV commodity thereby hindering sustainability.</p>
<p><b>13.15 Publishing of provider information:</b> Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies require or encourage information on local providers’ outputs, prices, sales or costs to be published?</p>	<p>A. National government or donor (e.g., PEPFAR, GFATM, etc.) policies require nongovernment (e.g., FBOs, CBOs, or private sector) health service facilities to publish more data than government facilities on the following [CHECK ALL THAT APPLY]:</p> <p><input type="checkbox"/> HIV service caseload</p> <p><input type="checkbox"/> Procurement of HIV supplies/commodities</p> <p><input type="checkbox"/> Expenses</p> <p>B. National government or donor (e.g., PEPFAR, GFATM, etc.) policies require HIV commodity suppliers to publish data on the following [CHECK ALL THAT APPLY]:</p> <p><input type="checkbox"/> Distribution</p> <p><input type="checkbox"/> Sales/Revenue</p> <p><input type="checkbox"/> Production costs</p>	13.15 Score:	1.25	<p>None apply.</p> <p>The same amount of data is required from all providers. However, it is more difficult to get data from private facilities</p>
<p><b>13.16 Patient choice:</b> Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies limit the ability of patients to decide which providers or products to use?</p>	<p>Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies restrict the ability of patients or specific groups of patients to choose:</p> <p>A. Which HIV service providers they use?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p>B. Which HIV supplies/commodities they use (e.g., ARVs, PrEP, condoms, needles, etc.)?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	13.16 Score:	0.63	<p>The same amount of data is required from all providers. However, it is more difficult to get data from private facilities</p>
<p><b>13.17 Patient mobility:</b> Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies reduce mobility of patients between HIV service providers by increasing the explicit or implicit costs of changing providers?</p>	<p>Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies impose costs or other barriers that restrict a patient’s ability to transfer from a government HIV service provider to a nongovernment (e.g., FBO, CBO, or private sector) HIV service provider?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	13.17 Score:	1.25	
Market Openness Score:			8.59	

Domain D: Strategic Information				
<b>What Success Looks Like:</b> Using local and national systems, the host country government collects, analyzes and makes available timely, comprehensive, and quality HIV/AIDS data (including epidemiological, economic/financial, and performance data) that can be used to inform policy, program and funding decisions.				
14. Epidemiological and Health data: Host Country Government routinely collects, analyzes and makes available data on the HIV/AIDS epidemic and its effects on health outcomes. HIV/AIDS epidemiological and health data include size estimates of all key populations, PLHIV, HIV incidence, HIV prevalence, viral load and AIDS-related mortality rates.			Data Source	Notes/Comments
<b>14.1 Management and Monitoring of Surveillance Activities:</b> Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, and provide guidance - for HIV/AIDS epidemiological surveys and/or surveillance activities including: data collection, analysis and interpretation; data storage and retrieval; and quality assurance across all sectors. <u>Select only ONE answer.</u>	<input type="radio"/> No, there is no entity.  <input type="radio"/> Yes, there is an entity, but it has limited authority, insufficient staff, and insufficient budget.  <input checked="" type="radio"/> Yes, there is an entity with authority and sufficient staff, but not a sufficient budget.  <input type="radio"/> Yes, there is an entity with authority and sufficient staff and budget.	14.1 Score: 0.56	<b>1. National Agency for the Control of AIDS, 'Our Mandate' (Webpage):</b> <a href="https://naca.gov.ng/nacamandate/">https://naca.gov.ng/nacamandate/</a>	<i>The National Agency for the Control of AIDS (NACA) and NASCP in the FMOH are the government entities with this authority. However, Internal domestic fund still remains insufficient and inconsistent</i>
<b>14.2 Who Leads General Population Surveys &amp; Surveillance:</b> To what extent does the host country government lead and manage planning and implementation of the HIV/AIDS portfolio of general population epidemiological surveys and surveillance activities (population-based household surveys, case reporting/clinical surveillance, drug resistance surveillance, etc.)?	<input type="radio"/> A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years <input type="radio"/> B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions <input checked="" type="radio"/> C. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies <input type="radio"/> D. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies <input type="radio"/> E. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with minimal or no technical assistance from external agencies	14.2 Score: 0.42	<b>1. National Agency for the Control of AIDS, 'Our Mandate' (Webpage):</b> <a href="https://naca.gov.ng/nacamandate/">https://naca.gov.ng/nacamandate/</a>  <b>2. National Agency for the Control of AIDS (2011), 'The Nigeria National Response Information Management System (NNRIMS) Operational Plan III. 2021-2025.</b> Available on request.	<i>NACA and NASCP/FMOH lead general population surveys and surveillance.</i>
<b>14.3 Who Leads Key Population Surveys &amp; Surveillance:</b> To what extent does the host country government lead & manage planning and implementation of the HIV/AIDS portfolio of key population epidemiological surveys and/or behavioral surveillance activities (IBBS, size estimation studies, etc.)?	<input type="radio"/> A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years <input type="radio"/> B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions <input checked="" type="radio"/> C. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies <input type="radio"/> D. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies <input type="radio"/> E. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, without minimal or no technical assistance from external agencies	14.3 Score: 0.42	<b>1. National Agency for the Control of AIDS, 'Our Mandate' (Webpage):</b> <a href="https://naca.gov.ng/nacamandate/">https://naca.gov.ng/nacamandate/</a>  <b>2. 'The Nigeria National Response Information Management System (NNRIMS) Operational Plan III, 2021-2025.</b> Available on request.	<i>NACA and NASCP/FMOH lead the Key population surveys and surveillance.</i>
<b>14.4 Who Finances General Population Surveys &amp; Surveillance:</b> To what extent does the host country government fund the HIV/AIDS portfolio of general population epidemiological surveys and/or surveillance activities (e.g., protocol development, printing of paper-based tools, salaries and transportation for data collection, etc.)?  (if exact or approximate percentage known, please note in Comments column)	<input type="radio"/> A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years <input type="radio"/> B. No financing (0%) is provided by the host country government <input checked="" type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government <input type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government <input type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government <input type="radio"/> F. All or almost all financing (90%+) is provided by the host country government	14.4 Score: 0.42		<i>The last survey was majorly funded by Global Fund and PEPFAR with minimal contribution from GoN in providing staff, and other logistics. Expenditure (salaries) of government staffs participation in the study was taking care-off by the GoN.</i>

<p><b>14.5 Who Finances Key Populations Surveys &amp; Surveillance:</b> To what extent does the host country government fund the HIV/AIDS portfolio of key population epidemiological surveys and/or behavioral surveillance activities (e.g., protocol development, printing of paper-based tools, salaries and transportation for data collection, etc.)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years</p> <p><input type="radio"/> B. No financing (0%) is provided by the host country government</p> <p><input checked="" type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government</p> <p><input type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government</p> <p><input type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government</p> <p><input type="radio"/> F. All or almost all financing (approx. 90%+) is provided by the host country government</p>	<p>14.5 Score: 0.42</p>	<p><b>1. National Agency for the Control of AIDS, 'Our Mandate'</b> (Webpage): <a href="https://naca.gov.ng/nacamandate/">https://naca.gov.ng/nacamandate/</a></p>	<p><i>The last survey on KPs was funded by donor agency with minimum contribution from GoN in providing staff, and other logistics. Expenditure (salaries) of government staffs participation in the study was taking care-off by the GoN.</i></p>
<p><b>14.6 Comprehensiveness of Prevalence and Incidence Data:</b> To what extent does the host country government collect HIV prevalence and incidence data according to relevant disaggregations, populations and geographic units?</p>	<p>Check ALL boxes that apply below. (A.) refers to prevalence data. (B.) refers to incidence data:</p> <p><input checked="" type="checkbox"/> A. The host country government collects at least every 5 years HIV prevalence data disaggregated by:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Age (at coarse disaggregates)</li> <li><input checked="" type="checkbox"/> Age (at fine disaggregates)</li> <li><input checked="" type="checkbox"/> Sex</li> <li><input checked="" type="checkbox"/> Key populations (FSW, PWID, MSM, TG, prisoners)</li> <li><input checked="" type="checkbox"/> Priority populations (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users)</li> <li><input checked="" type="checkbox"/> Sub-national units</li> </ul> <p><input checked="" type="checkbox"/> B. The host country government collects at least every 5 years HIV incidence disaggregated by:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Age (at coarse disaggregates)</li> <li><input checked="" type="checkbox"/> Age (at fine disaggregates)</li> <li><input checked="" type="checkbox"/> Sex</li> <li><input checked="" type="checkbox"/> Key populations (FSW, PWID, MSM, TG, prisoners)</li> <li><input checked="" type="checkbox"/> Priority populations (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users)</li> <li><input checked="" type="checkbox"/> Sub-national units</li> </ul>	<p>14.6 Score: 0.83</p>	<p><b>1. The Nigeria National HIV/AIDS Indicator and Impact Survey (NAIIS) 2018.</b> Available online at: <a href="https://www.naiis.ng/">https://www.naiis.ng/</a></p> <p><b>2. National Agency for the Control of AIDS, "Nigeria Modes of Transmission Study, 2020".</b> Available at: <a href="https://naca.gov.ng/modes-of-hiv-transmission-in-nigeria-application-of-the-incidence-patterns-model-2020/IBBSS2020">https://naca.gov.ng/modes-of-hiv-transmission-in-nigeria-application-of-the-incidence-patterns-model-2020/IBBSS2020</a></p> <p><b>3. National Agency for the Control of AIDS (NACA), 2019.</b> "The National Situation and Needs Assessment of HIV and AIDS, Drug Use and Related Health Services in Nigerian Prisons". <a href="https://www.unodc.org/documents/nigeria/HIV_Prisons_Full_Study_Report_OJ_21.02.2020.pdf">https://www.unodc.org/documents/nigeria/HIV_Prisons_Full_Study_Report_OJ_21.02.2020.pdf</a></p>	<p><i>Only AGYW was captured in the MOT study. A study among prisoners was conducted in 2020 by UNODC Need Assessment and Prevalence among this group.</i></p>
<p><b>14.7 Comprehensiveness of Viral Load Coverage Data:</b> To what extent does the host country government collect/report viral load coverage data according to relevant disaggregations and across all PLHIV?</p> <p>(if exact or approximate percentage is known, please note in Comments column)</p>	<p><input type="radio"/> A. The host country government does not collect/report viral load coverage data or does not conduct viral load monitoring</p> <p><input checked="" type="radio"/> B. The host country government collects/reports viral load coverage data (answer both subsections below):</p> <p>Government collects/report viral load coverage data according to the following disaggregates (check ALL that apply):</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Age</li> <li><input checked="" type="checkbox"/> Sex</li> <li><input type="checkbox"/> Key populations (FSW, PWID, MSM, TG, prisoners)</li> <li><input type="checkbox"/> Priority populations (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users)</li> </ul> <p>For what proportion of PLHIV does the government collect/report viral load coverage data (select one of the following):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Less than 25%</li> </ul>	<p>14.7 Score: 0.63</p>	<p>1. Programme data (semester reports),</p> <p>2. GAM,</p> <p>3. Annual HIV/AIDS health sector reports,</p> <p>4. Annual Spectrum estimates</p>	<p><i>Disaggregation is available by sex, ages across all PLHIV in the general populatio. However, viral load data among KPs are collected by IPs but not reported by GoN by this typologies and ages. VL testing coverage among PLHIV is now above 75%.</i></p>



	<div><input type="checkbox"/> 25-50%</div> <div><input type="checkbox"/> 50-75%</div> <div><input checked="" type="checkbox"/> More than 75%</div>			
<div>14.8 Comprehensiveness of Key and Priority Populations Data: To what extent does the host country government conduct integrated behavioral surveillance (either as a standalone IBBS or integrated into other routine surveillance such as HSS+) and size estimation studies for key and priority populations? (Note: Full score possible without selecting all disaggregates.)</div> <div>Please note most recent survey dates in comments section.</div>	<div><div><div><input type="radio"/> A. The host country government does not conduct IBBS or size estimation studies for key populations (FSW, PWID, MSM, TG, prisoners) or priority populations (Military, etc.).</div><div><input checked="" type="radio"/> B. The host country government conducts (answer both subsections below):</div></div><div>IBBS (or other integrated behavioral surveillance) for (check ALL that apply):</div><div><div><input checked="" type="checkbox"/> Female sex workers (FSW)</div><div><input checked="" type="checkbox"/> Men who have sex with men (MSM)</div><div><input checked="" type="checkbox"/> Transgender (TG)</div><div><input checked="" type="checkbox"/> People who inject drugs (PWID)</div><div><input type="checkbox"/> Prisoners</div><div><input type="checkbox"/> Priority populations (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users)</div></div><div>Size estimation studies for (check ALL that apply):</div><div><div><input checked="" type="checkbox"/> Female sex workers (FSW)</div><div><input checked="" type="checkbox"/> Men who have sex with men (MSM)</div><div><input type="checkbox"/> Transgender (TG)</div><div><input checked="" type="checkbox"/> People who inject drugs (PWID)</div><div><input checked="" type="checkbox"/> Prisoners</div><div><input checked="" type="checkbox"/> Priority populations (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users)</div></div></div>	14.8 Score: 0.83	1. Joint Annual Program Review (JAR) June 2019 (reports and presentations available on request)	IPs Collect viral load data at the lowest level disaggregated by the different KP Typology, but Its not reported at the National level by those disaggregation by GON.
<div>14.9 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with specifics for HIV)?</div>	<div><div><div><input type="radio"/> A. There is no national HIV surveillance and surveys strategy, or a national surveillance and surveys strategy exists but does not include specifics for HIV surveillance and surveys</div><div><input type="radio"/> B. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), but the strategy does not outline a timeline for data collection for all relevant population groups</div><div><input type="radio"/> C. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), and outlines a timeline for data collection for all relevant population groups</div><div><input checked="" type="radio"/> D. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), and outlines a timeline for data collection for all relevant population groups</div></div></div>	14.9 Score: 0.83	1. National Agency for the Control of AIDS (2011), 'The Nigeria National Response Information Management System (NNRIMS) Operational Plan III. 2020. Available on request	
<div>14.10 Quality of Surveillance and Survey Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS surveillance and survey data?</div>	<div><div><div><input type="radio"/> A. No governance structures, procedures or policies designed to assure surveys &amp; surveillance data quality exist/could be documented.</div><div><input checked="" type="radio"/> B. The following structures, procedures or policies exist to assure quality of surveys &amp; surveillance data (check all that apply):</div></div><div><div><input checked="" type="checkbox"/> A national surveillance unit or other entity is responsible for assuring the quality of surveys &amp; surveillance data</div><div><input checked="" type="checkbox"/> A national, approved surveys &amp; surveillance strategy is in place, which outlines standards, policies and procedures for data quality assurance</div><div><input checked="" type="checkbox"/> Standard national procedures &amp; protocols exist for reviewing surveys &amp; surveillance data for quality and sharing feedback with appropriate staff responsible for data collection</div><div><input checked="" type="checkbox"/> An in-country internal review board (IRB) exists and reviews all protocols.</div></div></div>	14.10 Score: 0.83	1.National Agency for the Contol of AIDS (NACA). 2019. Protocol and SOPs available on request. Access NAIIS Report here: <a href="https://www.nais.ng/resources">https://www.nais.ng/resources</a>	
Epidemiological and Health Data Score:		6.18		
15. Financial/Expenditure data: Government collects, tracks and analyzes and makes available financial data related to HIV/AIDS, including the financing and spending on HIV/AIDS expenditures from all financing sources, costing, and economic evaluation, efficiency and market demand analyses for cost-effectiveness.			Data Source	Notes/Comments

<p><b>15.1 Who Leads Collection of Expenditure Data:</b> To what extent does the host country government lead &amp; manage a national expenditure tracking system to collect HIV/AIDS expenditure data?</p>	<p><input type="radio"/> A. No tracking of public HIV/AIDS expenditures has occurred within the past 5 years</p> <p><input type="radio"/> B. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA), but planning and implementation is primarily led by external agencies, organizations, or institutions</p> <p><input type="radio"/> C. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA) and planning and implementation is led by the host country government, with substantial external technical assistance</p> <p><input type="radio"/> D. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA) and planning and implementation is led by the host country government, with some external technical assistance</p> <p><input checked="" type="radio"/> E. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA), and planning and implementation is led by the host country government, with minimal or no external technical assistance</p>	15.1 Score: 3.33	<p><b>1. National Agency for the Control of AIDS (NACA), " National AIDS Spending Assessment, (2019)".</b> Available online at: <a href="https://naca.gov.ng/wp-content/uploads/2020/07/NASA-Report-2019.pdf">https://naca.gov.ng/wp-content/uploads/2020/07/NASA-Report-2019.pdf</a></p> <p><b>2. FMOH Nigeria, National Health Accounts, 2019</b> (unpublished)</p>	NASA, 2019 reported expenditure for 3years (2016, 2017 and 2018). NHA is conducted annually. Expenditure assessment is now available by <b>disease areas in its reports</b>
<p><b>15.2 Comprehensiveness of Expenditure Data:</b> To what extent does the host country government collect HIV/AIDS public sector expenditures according to funding source, expenditure type, program and geographic area?</p>	<p><input type="radio"/> A. No HIV/AIDS expenditure tracking has occurred within the past 5 years</p> <p><input checked="" type="radio"/> B. HIV/AIDS expenditure data are collected (check all that apply):</p> <p><input type="checkbox"/> By source of financing, such as domestic public, domestic private, out-of-pocket, Global Fund, PEPFAR, others</p> <p><input type="checkbox"/> By expenditures per program area, such as prevention, care, treatment, health systems strengthening</p> <p><input type="checkbox"/> By type of expenditure, such as training, overhead, vehicles, supplies, commodities/reagents, personnel</p> <p><input type="checkbox"/> Sub-nationally</p>	15.2 Score: 2.50	<p><b>1. National Agency for the Control of AIDS (NACA), " National AIDS Spending Assessment, (2019)".</b> Available online at: <a href="https://naca.gov.ng/wp-content/uploads/2020/07/NASA-Report-2019.pdf">https://naca.gov.ng/wp-content/uploads/2020/07/NASA-Report-2019.pdf</a></p> <p><b>2. FMOH Nigeria, National Health Accounts, 2019</b> (unpublished)</p>	Expenditure on AIDS are available by states such as Lagos, Rivers, Anambra, and Sokoto have AIDS Spending Assessment. This is to be included in the NHA 2020
<p><b>15.3 Timeliness of Expenditure Data:</b> To what extent are expenditure data collected in a timely way to inform program planning and budgeting decisions?</p>	<p><input type="radio"/> A. No HIV/AIDS expenditure data are collected</p> <p><input type="radio"/> B. HIV/AIDS expenditure data are collected irregularly, and more than 3 years ago</p> <p><input type="radio"/> C. HIV/AIDS expenditure data were collected at least once in the past 3 years</p> <p><input checked="" type="radio"/> D. HIV/AIDS expenditure data are collected annually but represent more than one year of expenditures</p> <p><input type="radio"/> E. HIV/AIDS expenditure data are collected annually and represent only one year of expenditures</p>	15.3 Score: 2.50	Same as above	NASA 2019 reported 3years expenditure data due to difficulties in obtaining expenditure data from institutions; and recommends annual conducts of NASA. NHA now report diseases area disaggregation. Sub national HIV expenditure is available for Lagos, River, Anambra and Sokoto state.
<b>Financial/Expenditure Data Score: 8.33</b>				
<p><b>16. Performance data:</b> Government routinely collects, reports, analyzes and makes available HIV/AIDS service delivery data. Service delivery data are analyzed to track program performance, i.e. coverage of key interventions, results against targets, and the continuum of care and treatment cascade, including linkage to care, adherence and retention, and viral load testing coverage and suppression.</p>			<b>Data Source</b>	<b>Notes/Comments</b>
<p><b>16.1 Who Leads Collection and Reporting of Service Delivery Data:</b> To what extent is the routine collection and reporting of HIV/AIDS service delivery data institutionalized in an information system and managed and operated by the host country government at the national level?</p>	<p><input type="radio"/> A. No system exists for routine collection of HIV/AIDS service delivery data</p> <p><input type="radio"/> B. Multiple unharmonized or parallel information systems exist that are managed and operated separately by various government entities, local institutions and/or external agencies/institutions</p> <p><input type="radio"/> C. One information system, or a harmonized set of complementary information systems, exists and is primarily managed and operated by an external agency/institution</p> <p><input type="radio"/> D. One information system, or a harmonized set of complementary information systems, exists and is managed and operated by the host country government with technical assistance from external agency/institution</p> <p><input checked="" type="radio"/> E. One information system, or a harmonized set of complementary information systems, exists and is managed and operated by the host country government</p>	16.1 Score: 1.00	<p>1. The Nigerian health information system policy review <a href="https://www.researchgate.net/publication/328891641_The_Nigerian_health_information_system_policy_review_of_2014_-_the_need_content_expectations_and_progress">https://www.researchgate.net/publication/328891641_The_Nigerian_health_information_system_policy_review_of_2014_-_the_need_content_expectations_and_progress</a></p> <p>2. NSF 2019 - 2021 pg 32 <a href="https://naca.gov.ng/revised-national-hiv-and-aids-strategic-framework-2019-2021/">https://naca.gov.ng/revised-national-hiv-and-aids-strategic-framework-2019-2021/</a></p>	GoN has fully rolled out the National Data Repository which captures patient level data for all HIV service delivery. All Treatment sites in country supported by IPs report on the NDR daily. There is also a current drive to integrate it with the DHIS so as to be able to extract summary data directly, without necessary entering data on the DHIS from the facility .
<p><b>16.2 Who Finances Collection of Service Delivery Data:</b> To what extent does the host country government finance the routine collection of HIV/AIDS service delivery data (e.g., salaries of data clerks/M&amp;E staff, printing &amp; distribution of</p>	<p><input type="radio"/> A. No routine collection of HIV/AIDS service delivery data exists</p> <p><input type="radio"/> B. No financing (0%) is provided by the host country government</p> <p><input checked="" type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government</p>	16.2 Score: 0.83		There is minimal financing from host government but the system runs as one system because of GoN and partner collaboration.

<p>paper-based tools, electronic reporting system maintenance, data quality supervision, etc.)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government</p> <p><input type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government</p> <p><input type="radio"/> F. All or almost all financing (90%+) is provided by the host country government</p>			
<p><b>16.3 Comprehensiveness of Service Delivery Data:</b> To what extent does the host country government collect HIV/AIDS service delivery data by population, program and geographic area? (Note: Full score possible without selecting all disaggregates.)</p>	<p>Check ALL boxes that apply below:</p> <p><input checked="" type="checkbox"/> A. The host country government routinely collects &amp; reports service delivery data for:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> HIV Testing</li> <li><input checked="" type="checkbox"/> PMTCT</li> <li><input checked="" type="checkbox"/> Adult Care and Support</li> <li><input checked="" type="checkbox"/> Adult Treatment</li> <li><input checked="" type="checkbox"/> Pediatric Care and Support</li> <li><input checked="" type="checkbox"/> Orphans and Vulnerable Children</li> <li><input type="checkbox"/> Voluntary Medical Male Circumcision</li> <li><input checked="" type="checkbox"/> HIV Prevention</li> <li><input checked="" type="checkbox"/> AIDS-related mortality</li> </ul> <p><input checked="" type="checkbox"/> B. Service delivery data are being collected:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> By key population (FSW, PWID, MSM, TG, prisoners)</li> <li><input checked="" type="checkbox"/> By priority population (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users)</li> <li><input checked="" type="checkbox"/> By age &amp; sex</li> <li><input checked="" type="checkbox"/> From all facility sites (public, private, faith-based, etc.)</li> <li><input checked="" type="checkbox"/> From all community sites (public, private, faith-based, etc.)</li> </ul>	<p>16.3 Score: 1.33</p>	<p>National Data Repository</p>	<p><i>Mortality surveillance have recently been rolled out on the NDR and a number of facilities have been activated to capture data.</i></p> <p><i>The OVC data is also routinely collected by PEPFAR supported IPs but not reported to NACA through the FMOWA.</i></p> <p><i>There exist weak coordination role both at the national and state level in the non-health sector response and limited reporting due to funding constraints. However, plans are on-going to review the non-health sector tools and re-activate the eNNRIMS reporting platform.</i></p>
<p><b>16.4 Timeliness of Service Delivery Data:</b> To what extent are HIV/AIDS service delivery data collected in a timely way to inform analysis of program performance?</p>	<p><input type="radio"/> A. The host country government does not routinely collect/report HIV/AIDS service delivery data</p> <p><input type="radio"/> B. The host country government collects &amp; reports service delivery data annually</p> <p><input type="radio"/> C. The host country government collects &amp; reports service delivery data semi-annually</p> <p><input checked="" type="radio"/> D. The host country government collects &amp; reports service delivery data at least quarterly</p>	<p>16.4 Score: 1.33</p>	<p>2021 Programme data available on request.</p>	<p>There is a new move from bi-annual data collection to quarterly data collection. However, data still don't come in a timely manner as result of funding constrains to collect and validate in atimely manner at state level</p>
<p><b>16.5 Analysis of Service Delivery Data:</b> To what extent does the host country government routinely analyze service delivery data to measure program performance (i.e., continuum of care cascade, coverage, retention, viral suppression, AIDS-related mortality rates)?</p>	<p><input type="radio"/> A. The host country government does not routinely analyze service delivery data to measure program performance</p> <p><input checked="" type="radio"/> B. Service delivery data are being analyzed to measure program performance in the following ways (check all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Continuum of care cascade for each identified priority population (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users), including HIV testing, linkage to care, treatment, adherence and retention, and viral load</li> <li><input checked="" type="checkbox"/> Continuum of care cascade for each relevant key population (FSW, PWID, MSM, TG, prisoners), including HIV testing, linkage to care, treatment, adherence and retention, and viral load</li> <li><input checked="" type="checkbox"/> Results against targets</li> <li><input checked="" type="checkbox"/> Coverage or recent achievements of key treatment &amp; prevention services (ART, PMTCT, VMMC, etc.)</li> <li><input checked="" type="checkbox"/> Site-specific yield for HIV testing (HTC and PMTCT)</li> <li><input checked="" type="checkbox"/> AIDS-related mortality rates</li> </ul>	<p>16.5 Score: 1.17</p>	<p>GF National Programme Review meeting report (2019). Available on request</p>	<p><i>Data analysis are done regularly and consistently and NDR bulletin is generated montly with technical support from Ips; National Programme Review analyse service of care for AGYW ( year ) GIS is also embedded in the NDR to do geographicla analysis</i></p>

	<input type="checkbox"/> Variations in performance by sub-national unit <input type="checkbox"/> Creation of maps to facilitate geographic analysis			
<b>16.6 Quality of Service Delivery Data:</b> To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS service delivery data?	<input type="radio"/> A. No governance structures, procedures or policies designed to assure service delivery data quality exist/could be documented. <input checked="" type="radio"/> B. The following structures, procedures or policies exist to assure quality of service delivery data (check all that apply): <input type="checkbox"/> A national, approved data quality strategy is in place, which outlines standards, policies and procedures for HIV/AIDS data quality assurance <input type="checkbox"/> A national protocol exists for routine (at least annual) Data Quality Audits/Assessments of key HIV program indicators, which are led and implemented by the host country government <input type="checkbox"/> Standard national procedures & protocols exist for routine data quality checks at the point of data entry <input type="checkbox"/> Data quality reports are published and shared with relevant ministries/government entities & partner organizations <input type="checkbox"/> The host country government leads routine (at least annual) data review meetings at national & subnational levels to review data quality issues and outline improvement plans	16.6 Score: 1.33	<b>1. Federal Ministry of Health, Nigeria. Department of Health Planning Research and Statistics.</b> <Integrated Supportive Supervision (ISS) and Data Quality Assessment (DQA) website > <a href="https://fmohconnect.gov.ng/iss-dqa.html">https://fmohconnect.gov.ng/iss-dqa.html</a>	<i>HIV Data Validation protocol and DQA reports are available on request but not published. However HIV data review meetings are not conducted Nationally but at sub-national level.</i>  <i>Data quality reports are shared with government and state entities by mail and at platforms e.g. National SKM-NTWG meetings, Expanded Technical Group (ETG) meetings. The gap that exists is publishing the report for wider access.</i>
<b>Performance Data Score: 7.00</b>				
<b>17. Data for Decision-Making Ecosystem:</b> Host country government demonstrates commitment and capacity to advance the use of data in informing government decisions and cultivating an informed, engaged civil society.		<b>Data Source</b>		<b>Notes/Comments</b>
<b>17.1 Civil Registration and Vital Statistics (CRVS):</b> Is there a CRVS system in place that records births and deaths and is fully operational across the country? Is CRVS data made publically available in a timely manner?	<input type="radio"/> A. No, there is not a CRVS system. <input checked="" type="radio"/> B. Yes, there is a CRVS system that... (check all that apply): <input type="checkbox"/> records births <input type="checkbox"/> records deaths <input type="checkbox"/> is fully operational across the country (If YES) How often is CRVS data updated and made publically available (select only one)? <input type="checkbox"/> A. The host country government does not make CRVS data available to the general public, or they are made available more than one year after the date of collection. <input type="checkbox"/> B. The host country government makes CRVS data available to the general public within 6-12 months. <input type="checkbox"/> C. The host country government makes CRVS data available to the general public within 6 months.	17.1 Score: 1.00	<b>1. Yacob Zewoldi, (2019), "Snapshot of Civil Registration and Vital Statistics System of Nigeria".</b> Centre of Excellence for Civil Registration and Vital Statistics Systems. Available online at: <a href="file:///C:/Users/USER/Downloads/CRVS_Nigeria_e_WEB.pdf">file:///C:/Users/USER/Downloads/CRVS_Nigeria_e_WEB.pdf</a>	<i>The performance of CRVS systems in Nigeria is sub optimal and information on their structure and operations scanty</i>
<b>17.2 Unique Identification:</b> Is there a national Unique Identification system that is used to track delivery of HIV/AIDS and other health services? Do national policies protect privacy of Unique ID information?	Is there a national Unique Identification system that is used to track delivery of HIV/AIDS and other health services? <input checked="" type="radio"/> A. No, there is no national Unique Identification system used to track delivery of services for HIV/AIDS or other health services. <input type="radio"/> B. Yes, there is a national Unique Identification system used to track delivery of services for HIV/AIDS, but not other health services. <input type="radio"/> C. Yes, there is a national Unique Identification system used to track delivery of services for HIV/AIDS and other health services.	17.2 Score: 0.00	<b>1. Summary of Memoranda for the 5th National Council on AIDS (Available on request)</b>	<i>The 2019/5th National Council on AIDS ratified the procurements and use of Biometric apparatus and Electronic Medical Records (EMR) systems for optimized biometric data capturing and linkage to the National Data Repository (NDR) to help Nigeria de-duplicate clients on ART in-country (Memo NCA/05/016/Prayer 2).</i>  <i>The GON has started collecting biometric data on NDR with</i>

protect privacy of Unique ID information?	[IF YES to B or C] Are there national policies, procedures and systems in place that protect the security and privacy of Unique ID information? <input type="checkbox"/> Yes <input type="checkbox"/> No			plans to introduce the national unique ID system. However, IPs in the country are currently using various unique IDs for their programming.
<b>17.3 Interoperability of National Administrative Data:</b> To fully utilize all administrative data, are HIV/AIDS data and other relevant administrative data sources integrated in a data warehouse where they are joined for analysis across diseases and conditions?	<input checked="" type="radio"/> A. No, there is no central integration of HIV/AIDS data with other relevant administrative data. <input type="radio"/> B. Yes, national HIV/AIDS administrative data is integrated and joined with administrative data on the following: <input type="checkbox"/> a. TB <input type="checkbox"/> b. Maternal and Child Health <input type="checkbox"/> c. Other Health Data (e.g., other communicable and non-communicable diseases) <input type="checkbox"/> d. Education <input type="checkbox"/> e. Health Systems Information (e.g., health workforce data) <input type="checkbox"/> f. Logistics management information for commodities <input type="checkbox"/> g. Poverty and Employment <input type="checkbox"/> h. Other (specify in notes)	17.3 Score: 0.00		HIV/AIDS datawarehouse exist (NDR) but it is not integrated with any administrative data and does not have other disease conditions
<b>17.4 Census Data:</b> Does the host country government regularly (at least every 10 years) collect and publically disseminate census data?	<input checked="" type="radio"/> A. No, the host country government does not collect census data at least every 10 years <input type="radio"/> B. Yes, the host country government regularly collects census data, but does not make it available to the general public. <input type="radio"/> C. Yes, the host country government regularly collects census data and makes it available to the general public. [IF YES to C only] Data that are made available to the public are disaggregated by: <input type="checkbox"/> a. Age <input type="checkbox"/> b. Sex <input type="checkbox"/> c. District	17.4 Score: 0.00		Last census was conducted in 2006
<b>17.5 Subnational Administrative Units:</b> Are the boundaries of subnational administrative units made public (including district and site level)?	<input type="radio"/> A. No, the country's subnational administrative boundaries are not made public. <input type="radio"/> B. Yes, the host country government publicizes district-level boundaries, but not site-level geocodes. <input checked="" type="radio"/> C. Yes, the host country government publicizes district-level boundaries and site-level geocodes.	17.5 Score: 2.00	<b>1. Federal Ministry of Health, Nigeria. Health facility Registry. Access:</b> <a href="https://hfr.health.gov.ng/facilities/hospital-s-list">https://hfr.health.gov.ng/facilities/hospital-s-list</a>	
<b>Data for Decision-Making Ecosystem Score: 3.00</b>				

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN D